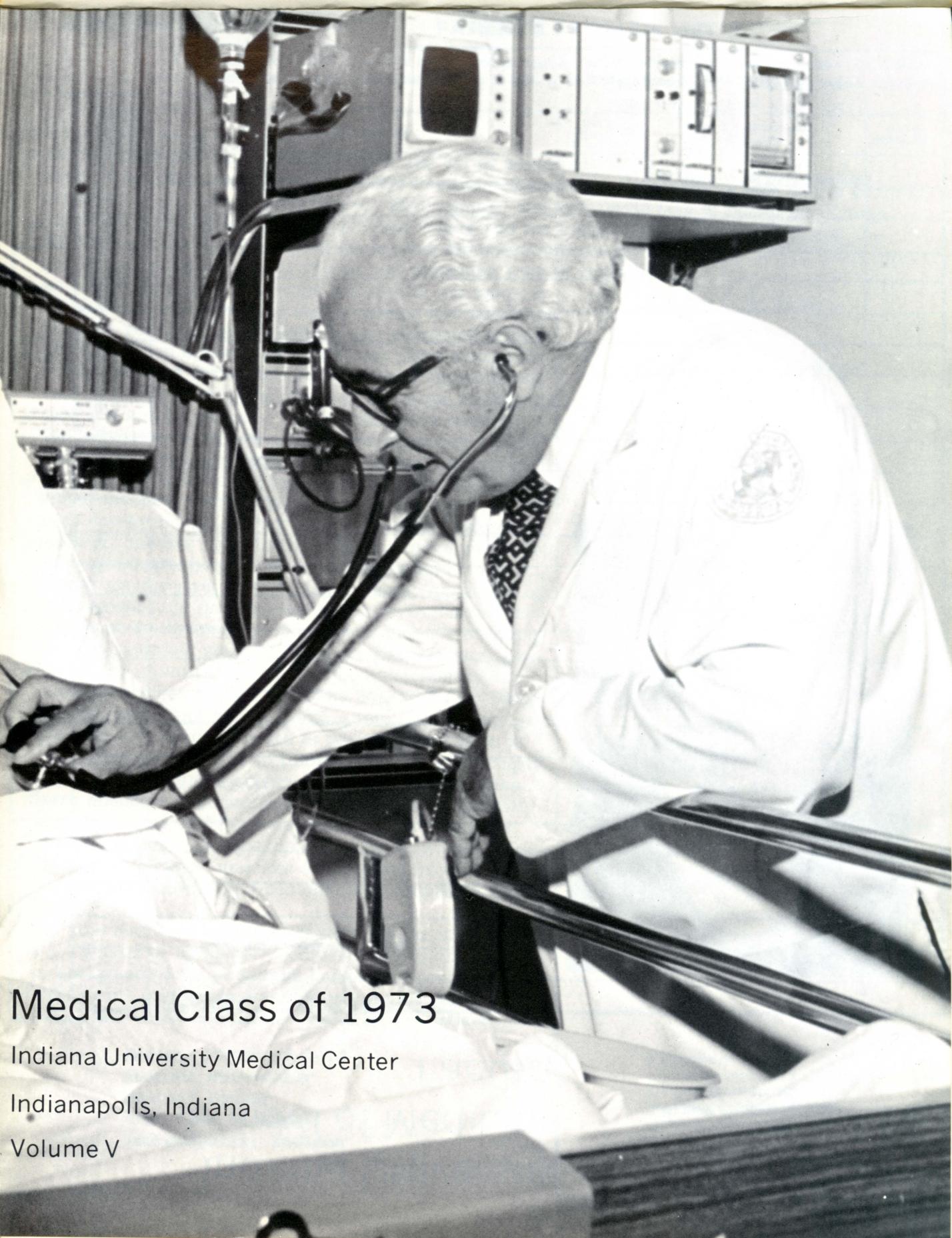


MEDICAL CLASS OF 1973





Medical Class of 1973

Indiana University Medical Center

Indianapolis, Indiana

Volume V

Indiana University School of Medicine Faculty

Medical Class of 1973
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana

It is my distinct pleasure to extend congratulations to the Class of 1973. During your four years at the I.U. School of Medicine, you have played a responsible role and have contributed much to our many programs.

You have observed a considerable change in the facilities, faculty, and new educational programs during the years of 1969 through 1973. To cite a few examples, the new University and Riley Hospitals were opened and construction was begun on the new Regenstrief Health Center. Members of your class have played a key role in implementing our educational programs at the Centers of Medical Education at Purdue University and at Notre Dame University. The members of your class who have served on the Medical School Committees have helped substantially in the improvement and change of the curriculum. You are to be commended for your performance as third year students in the National Board Examination, required for the first time at your School. Over 90% of your class enrolled in one or more fourth year electives off campus. The physicians of Indiana have been very complimentary about your knowledge, professional manner, and skills.

In conclusion, may I charge each of you to play a continuing and responsible role in seeking solutions to the important questions facing your School of Medicine and our profession. For example, is medical education relevant to the needs of all of the people for health care? Is the physician manpower shortage and distribution of physicians effectively being corrected? Is there really a commitment to the education of primary care physicians and where should this education be conducted? What should be the role of the Medical School and Medical Center in new and expanded models of health care service? What is the respective role of the Medical School and the communities of the state in regard to the distribution of physicians? What must the school and the profession do in regard to the containment of the cost of health care, peer review, periodic licensure of physicians, residency training in community hospitals, continuing education, creation of new health careers, and improvement of the humanism or the art of medicine?

Best wishes to all of you.



Glenn W. Irwin, Jr., M.D., Dean
Indiana University School of Medicine

Glenn W. Irwin, Jr., M.D.
Dean, School of Medicine

PATIENT'S PROBLEM LIST

IMPORTANT - DO NOT USE ABBREVIATIONS. This form may be used for inpatient/patient-members and outpatients. Upon DISCHARGE, place form in the Medical Record folder (Type II) beneath the VA Form 10-1000 or 10-1000a. Upon READMISSION, remove form and place with current records on ward.

PROBLEM NUMBER	APPROX. DATE OF ONSET	ACTIVE PROBLEMS	DATE PROBLEM RECORDED	INACTIVE/RESOLVED PROBLEMS	DATE RESOLVED
# 1				Anatomy & Neuroanatomy	
# 2				Biochemistry & Pharmacology	
# 3				Histology & Pathology	
# 4				Microbiology & Parasitology	
# 5				Physiology	
# 6				Introduction to Medicine	
# 7				Internal Medicine	
# 8				Surgery	
# 9				OB-GYN	
# 10				Pediatrics	
# 11				Neurology	
# 12				Psychiatry	
# 13		Administration			
# 14		Senior Electives & NIRMP			

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

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MEDICAL RECORD
 PATIENT'S PROBLEM LIST

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

Patient profile:

Patient is probably a 25 year-old male. Fortunately for himself, and mercifully for his patients, this is his first and last admission to Indiana University School of Medicine.

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Social History:

The patient was born in an Indiana town, reared by Indiana parents & his Indiana brothers and sisters. He was educated by the Indiana public school system and, surprisingly enough, went to Indiana University, where he, along with the rest of the world, majored in Zoology. Patient denies being a Hoosier. He was accepted by Indiana University School of Medicine late in August of 1969, and promptly moved to Indianapolis, where he occupied a two-bedroom flat in Westchester Village & another medical student and a freshman tooth farmer.

The patient shared a bedroom with the tooth farmer, who, like all good gum gardeners, filled the abundant free time allotted him by a light academic load with a burgeoning social life. Consequently, the patient spent many nights on the living room couch. All three shared a single bathroom, which after two years became overgrown & a peculiar red fungus.

At this point the patient had suffered 2 cases of shigelloisis and had lost 25# from eating his own cooking off dirty dishes. He had also accumulated approximately \$10,000 in debts, courtesy of a local loan shark named Dr. McKinley.

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

The patient solved all of these problems by marrying a school teacher he bumped into on his way to the Head at the Red Carpet late one Friday afternoon. They moved into Carriage House Apartments and lived happily ever after until the patient discovered several old unused packs of Critche-Nour in the medicine cabinet one morning.

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Problem #1 Gross Anatomy and Neuro Anatomy
S: Patient noted onset of symptoms in September, 1969, starting with a peculiar feeling of "cold, dead flesh" on his hands. He then noted that several weeks later his "skin became dry and began to fall off" with the worst area again being in the region of the hands. Along with the appearance of his dermatologic problems the patient also began to have psychiatric disturbances. He noted paranoid delusions in the form of a little man named Mr. Grob chasing him around the Medical Science Building demanding 6.5¢. The patient states that he also began to have guilt feelings and feelings of inadequacy because he didn't subscribe to Newsweek, and he felt that certain of his cohorts belittled him for this. As the psychiatric component of his illness progressed, the patient became confused and disoriented and constantly used the words "spine" and "vertebral column" interchangeably. Several months later the patient began to have hallucinations. These took the form of lines appearing in front of him. He had often had the same aura in college; however, at this time the lines became multicolored and glowed in the dark. Remarkably all these symptoms disappeared in later May, 1970, as abruptly as they started.

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

O: Patient's physical examination is entirely within normal limits except for a total epidermal slough bilaterally from patient's fingertips to 4 cm below his olecranon process. Patient was noted to have loss of sensory modalities of pain, light touch, proprioception and temperature differentiation in the affected areas. A peculiar odor akin to a fetal paddock was noted about the patient. Patient seemed slightly tremulous and hyperexcitable although all muscle stretch reflexes were neither increased or decreased. The mental status exam showed the patient to be slightly paranoid, as noted above, with a marked loss of recent memory, being unable to recall, for example, the function of the long thoracic nerve or the origin and the insertion of the teres minor.

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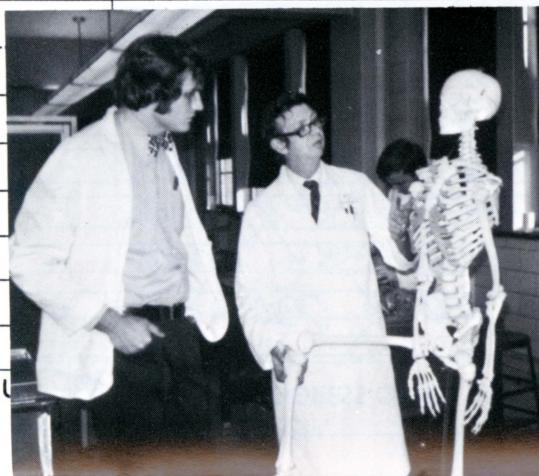


Robert Shellhamer
Professor, Anatomy

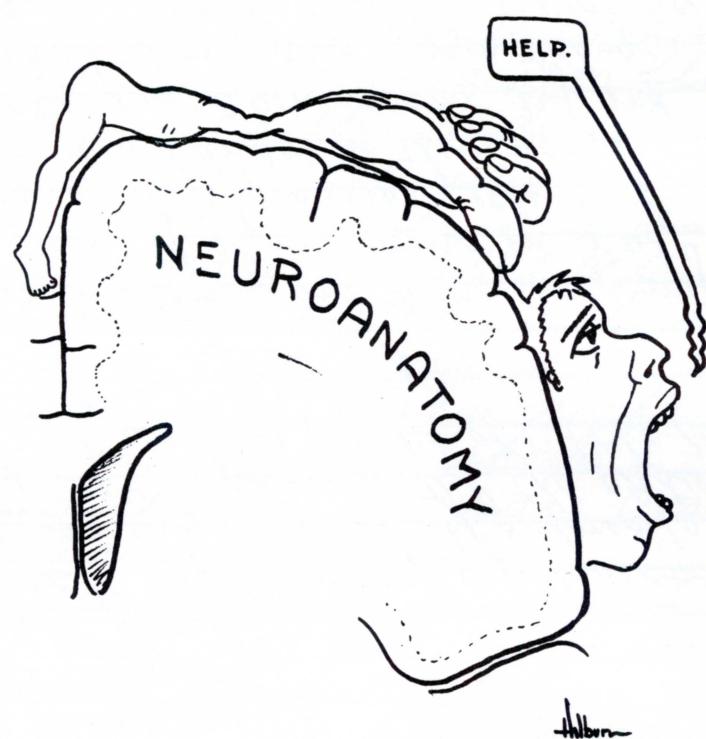


Charles Boyer
Professor, Anatomy

"I always wondered what happened to Dave Brown?"



HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)



HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

A: Patient's psychic disturbance and neurological findings are believed to be due to a form of organic brain dysfunction. His dermatologic problem

seems to be of a contact nature. There is no other explanation for these bizarre symptoms except that the patient is exhibiting a classic case of acute phenol intoxication.

P: Promotion of patient to a higher level of education should remove him from the source of his problem. Although his accomplishments definitely militate against this promotion, it must be done for his own health.

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Problem # 2 Biochemistry and Pharmacology
S: Patient states that this symptom complex began approximately the same time as problem # 1. It started with a feeling of light-headedness accompanied by feelings of his thoughts becoming dissociated from reality. The letters "C," "H," "O" and "N" became quite symbolic to him, and he would often indulge himself in flights of ideas in which he would join these letters in strange sequences and configurations. The light-headed feeling began to depart as patient became more immersed into these illogical symbols he had constructed for himself. Great sequences of these letters suddenly seemed logical. The patient states that his dizziness would only return whenever an improper image would flash in front of his eyes. He states these images would contain his symbolic language; however, they would be either backwards or out of sequence. Patient blames this on a projectionist named Miller. In early January, 1970, all symptoms ceased only to return in September,

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

1970. This second episode differed from the first only in the fact that extra symbols were introduced, and the illogical sequences of these symbols began to take on strange names. At this time the patient began to note the onset of an ambivalent attitude. At one time he would call a configuration "Dilantin", and the next minute he would call it "Diphenylhydantoin". Patient also began to vacillate on the choice of careers. Patient states that he would attempt to regain reality by performing strange rituals on animals, especially dogs; however, often these carefully ordered rituals would become chaotic, and his feelings of losing touch would worsen. These symptoms disappeared in December, 1970, approximately 1.5 years after they began. Patient now notes only occasional relapses, and he sometimes seeks relief by performing rituals as before, substituting veterans for dogs.

O: Physical examination is unremarkable, but the mental status exam shows strange aberration from the accepted norms. Upon questioning, the patient would speak logically and intelligently; then he would suddenly burst into the gibberish described above. After completing one of these sequences to his satisfaction, the patient would look quite smug and self-satisfied, as if he had really accomplished something. Thought processes were quite illogical, and the content showed patient to be obsessed with strange names. He occasionally would take different small round objects from his pocket, confer a name on it and then eat the object. A tendency to use the names "Lithium" and "Thorazine" were noted, although occasionally "Chlordiazepoxide hydrochloride" and "Chlorpromazine" were substituted for them.

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HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1B



A cheap Biochem trick to impress freshman medical students.

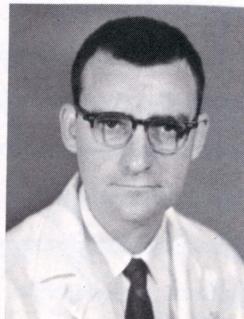


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David Gibson,
M.D.
Professor & Chair-
man
Biochemistry



James Ashmore, Ph.D.
Professor & Chairman,
Pharmacology



Raymond Paradise
Professor, Pharmacology

A: Patient seems to be suffering an acute schizophrenic break precipitated by great psychic trauma suffered in his line of work.

P: Long term hospitalization with psychotherapy and electroshock followed by vocational rehabilitation to place patient in a job with less pressure, such as pathology or radiology.

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER _____
(CIRCLE ONE)

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

Problem #3 Histology and Pathology
5: Patient traces his problem to September, 1969. At that time his eyes became increasingly tired, red and swollen with a visual abnormality which he states was "like looking at everything through a tube." His perception of color changed, and he perceived everything in varying shades of red and blue. At the time the patient began to notice psychic abnormalities. He began to suffer paranoid delusions and felt he was being persecuted by 4 odd characters. He states that two of these tormentors were ghosts similar to those in Charles Dickens' Christmas Carol, and they called each other "Cajal" and "Virchow." The other two people were quite alive. The patient was unable to remember their names; however, he states that one had floppy jowls, gray hair and had been seen in a pith helmet; the other spoke in a monotone, wore tortoise shell glasses and continually spouted doggerel about early primates and tunder cycles. Upon further questioning, the patient stated that these people often tried to beat him over the head with a book bound with a pale blue cover; however, they couldn't hurt him because the book was so light! All these symptoms ended abruptly in January, 1970, only to recur in September, 1970, in a slightly different form. Patient suffered from the same visual abnormalities; however, this time the patient began to have the recurrent dream that he was being pursued through a South African jungle by thousands of rheumatic Bantu. Just as they were about to catch him, they would go into congestive heart failure and drop to the ground gasping for breath. At this time the patient also began to develop pica, stating that he was beset with strange cravings for hominy grits, scotch whisky and South African

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HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER

(CIRCLE ONE)

Date

lobster tails. These symptoms abated in December, 1970, and rarely return except rarely during a CPC!

O: Upon examination the patient appeared quite tense and was absent-mindedly fumbling with a plastic model of a heart. When questioned about his curious action, he stated that he was trying to find "bread and butter" pericarditis and valvular lesions. Pursuing the subject further, the patient revealed that a terrible fate would befall him if he did not find what he was searching for. The patient exhibited marked exophthalmos, and his conjunctiva were quite injected. Patient was also noted to have a drawing speech impediment. Extreme alopecia was noted, but the patient grabbed at his few remaining strands whenever the words "lumpy" or "bumpy" were mentioned. The patient's thumb and index fingers bore deep callouses etched with parallel ridges such as are found on the edge of a coin. (Similar lesions have been detected most frequently in the past on corpses found slumped over microscopes.)



Warren Andrew M.D.
Professor & Chairman
Anatomy



Ralph Jersild
Professor, Anatomy

Hey, Joe, I think that one smelled like a Collie.

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HISTO / PATH



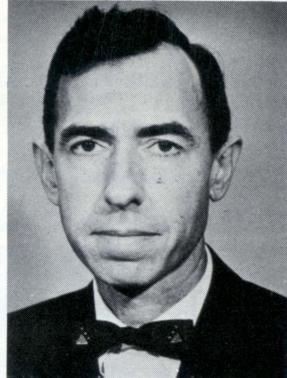
HISTORY-PHYSICAL-PROGRESS-OTHER

(CIRCLE ONE)

Date



Joshua Edwards, M.D.
Professor & Chairman,
Pathology



Donald Hubbard, M.D.
Professor, Pathology

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"A memorable Histo lecture entitled 'Shoot it in the air'."

Problem #4 Microbiology and parasitology

S: This problem seems to have begun in September, 1970. According to the patient's wife, at that time the patient began to exhibit a hand-washing fetish, often washing 5-6 times in an hour. He also purchased an autoclave and demanded that she prepare his food in it. This behavior progressed until he would wear galoshes to the bathroom and would spray all bathroom fixtures with Lysol before and after use. Later this compulsive behavior changed to a very careless and lackadaisical attitude. She states that the patient was often seen groveling on the ground, picking mushrooms and whistling the tune, "We've Only Just Begun." The patient began to speak incoherently and was often heard repeating the ingredients of an E&M B plate. When asked a question, the patient would often answer, "Yes, Virginia, there is an endotoxin," and chuckle gleefully. Reportedly, the only time the patient seemed enthusiastic about anything was when she mentioned one of his favorite teachers, a Dr. Bockroth.

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER _____

(CIRCLE ONE)

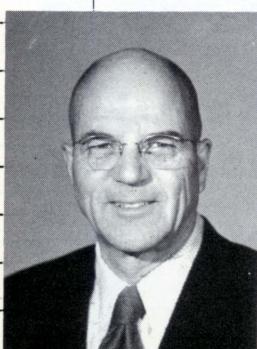
Date

Thereupon, the patient launched into a tirade about casting the Welch Allyn money changes out of the temple and that nobody in the world really understood latent viruses.

O: The patient was quite disoriented and oblivious to his surroundings. He was waving a small loop of platinum wire in the air in an apparent attempt to pick off invisible insects. This examiner was unable to communicate with the patient until, after extensive searching, a format was developed in which a question would be written and four possible answers listed below it. The patient was then given complicated combinations of these answers (e.g., 1 & 3 correct, 2 & 4 correct, 1, 2 & 3 correct, and 4 correct, etc.), which the examiner never really comprehended, but which the patient seemed to understand easily. When allowed to communicate in this manner, the patient exhibited a near-normal mental status, except that he would occasionally moo like a cow. On physical exam the patient was found to have small raised white pinpoint lesions covering his integument which were wiped off easily. Over the patient's chest these lesions became slimy and confluent. Rectal exam was within normal limits except for a peculiar green metallic sheen noted around the patient's anus.

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Dave Rasmussen futilely tries to explain to Tim Griest why his throat culture has a metallic green sheen.

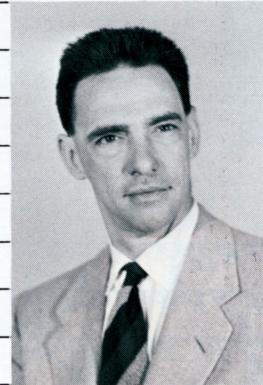


Edward Shrigley Ph.D.,
M.D.
Professor & Chairman
Microbiology
USE ONE E ONLY



Donald Niederpruem
Professor, Microbiology



HISTORY-PHYSICAL-PROGRESS-OTHER _____
(CIRCLE ONE)MICROBIOLOGYMedical Class of 1973
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Professor, Microbiology

"..... And if called upon by our country for new approaches
in germ warfare"

A: 1) Overwhelming sepsis 2) Chronic EMB ingestion
P: 1) Infectious disease consult
2) Antibiotic therapy: A) Gentamycin, B) Polymyxin,
 C) Cephaloridine, D) Kanamycin, E) i.v. Tetracyclines
3) Tissue typing for renal transplant after completion
of antibiotic therapy

Problem # 5 Physiology and Cell Biology

S: The patient states that his symptoms began in September, 1969, when he became unable to differentiate important from insignificant stimuli. His affliction progressed until he once attempted to memorize the mode of transport of sodium through a frog skin membrane. With first semester finals this problem abruptly ended only to reappear two weeks later when the patient was bitten by a giant squid, the pet of an IUPUI physiology professor. The patient survived the ravages of the ensuing sepsis and returned to find a small hypomanic male drawing EKG's on every available flat surface. Other parts of the body became diagrams

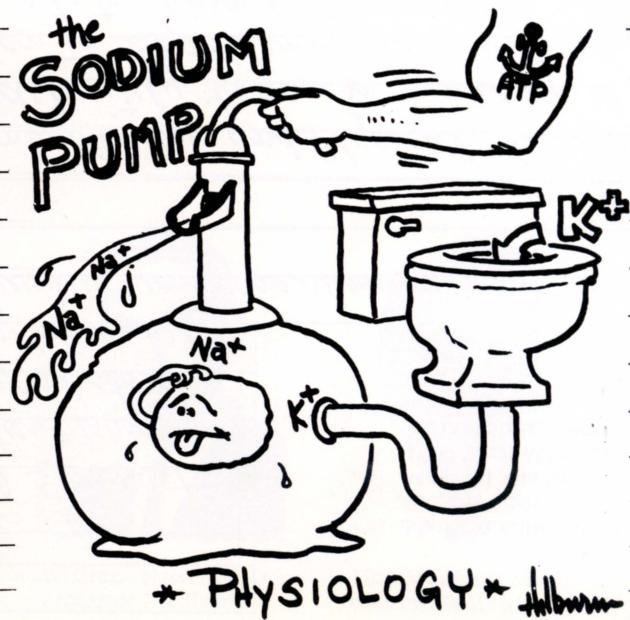
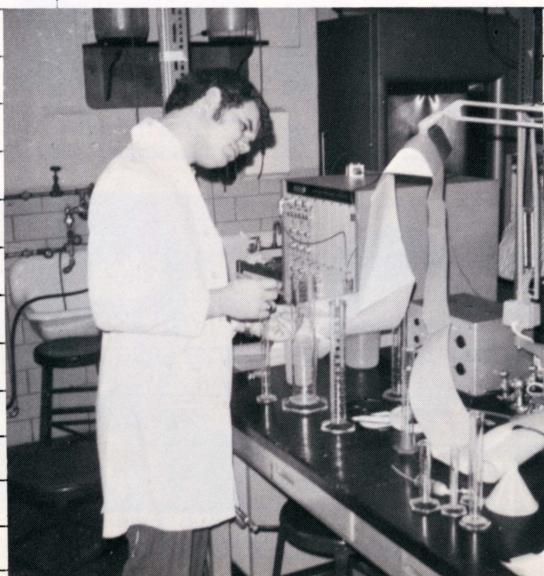
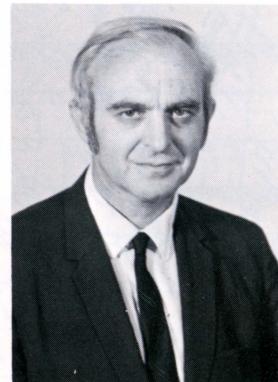
HISTORY-PHYSICAL-PROGRESS-OTHER
 (CIRCLE ONE)

Date

before his eyes as he was inundated beneath a pile of multiply-underlined class notes which made him more and more aware of his various body functions.

O: Superficially the patient appeared normal; however close inspection revealed that he was walking on his hands with a urine tube hanging from his nose. He was drinking a clear liquid from a graduated cylinder which was revealed to be a saturated urea solution. He was simultaneously urinating into a hydrometer and seemed quite pleased with the specific gravity of 1.030. The examiner was disinclined to complete the physical exam; however, note was made that the patient's motor coordination was definitely intact.

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HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

A: ① Normal I.U. Medical Student
 ② R/O possibility that patient is an inmate
 of LaRue Carter on leave of absence.

P: ① If #1, advance to I.U. surgery internship
 ② If #2, ignore patient until security guards can summon courage to appear.

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Problem #6 Introduction to Medicine and Physical Diagnosis

S: This problem definitely began in January, 1971. At that time the patient began to experience feelings of inadequacy, even though he states that he was only expected to be knowledgeable in seven different specialty fields of medicine. This feeling of inadequacy was often accompanied by anxiety which persisted through pulmonary medicine, cardiology and nephrology until it was replaced by a feeling of apathy during hematology. This apathetic attitude was somewhat dispelled by endocrinology and was completely erased by sex education delivered by Good Time Eddie Tyler. The psychiatry and orthopedic departments tried their best to reinstate the apathetic feeling in the patient; however, their efforts were inconsistently thwarted by the neurology department, which completely astounded the patient by making their subject comprehensible. During the entire period the patient had the recurrent sensation of being preached to by a great orator, and he began to fear eternal damnation if he ever misdiagnosed a case of cor pulmonale. At that time the patient also became constantly aware of the beat of his own heart and swore that it was in an S₄ G rhythm. He states that he could also feel fine inspiratory and expiratory rales in the bases of both lungs.

O: Physical exam was not completed because of the lack of patient cooperation. As soon as the examiner entered the room the patient began to percuss the examiner's chest, to palpate his thyroid, liver and spleen,

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

and to listen for bruits over the examiner's head. As the patient donned a latex examination glove and lubricated the index finger with K Y jelly, the examiner hurriedly left the room. At that time the patient's thought processes were quite disoriented, and he was heard to mutter something about a "Reverend Roy."



Roy Behnke M.D.
Professor, Medicine



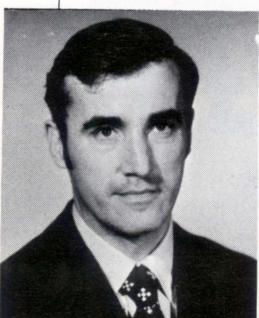
Edward Tyler M.D.
Assistant Dean of Student Affairs



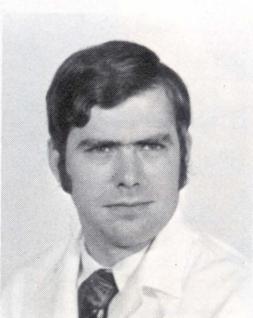
Stuart Kleit M.D.
Professor, Medicine



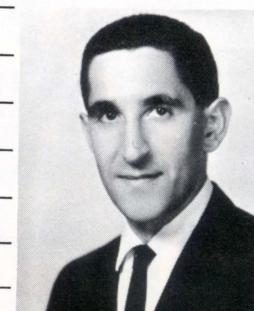
William DeMeyer M.D.
Professor, Neurology



John Donahue M.D.
Professor & Chairman Urology



James Vance M.D.
Professor Medicine



William Nasser M.D.
Professor Medicine



Felice Manfredi M.D.
Professor Medicine

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- COUGH.



* PHYSICAL DIAGNOSIS *

HISTORY-PHY

Date

Arthur Norins M.D.
Professor, MedicineCharles Johnson M.D.
Professor MedicineMedical Class of 1973
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A: Acute situational reaction

P: 1) Merck Manual - STAT!

2) Group therapy on a junior medicine rotation

Problem #7 Internal Medicine

S: This problem began sometime during the patient's third year in medical school. At that time the patient noted that he became quite confused and that his thought processes were disoriented. While unable to definitely relate this confusion to any one incident, he thinks that its onset coincided with a lecture on pulmonary function by Dr. Winter. He also began to have insomnia and diarrhea which was liquid and did not float. As these symptoms persisted he developed burning epigastric pain, which was worse before eating and was relieved by milk and antacids. He lost his appetite for cigarettes and alcohol, although he previously had consumed vast quantities of both. He converted his Mantoux test to strongly positive about this same time. He later became negative, but further studies showed that he was anergic. The patient also noted a decrease in recent memory, stating that he could only remember 20 serum creatinine values, 92 BUN's, 54 Al. Phos's (heat stable) and 5 serum ceruloplasmins.

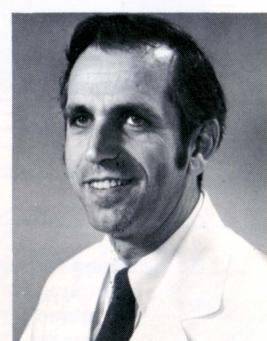
HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

before becoming hopelessly confused. He began to derive sadistic pleasure from inflicting pain on people especially by sticking needles in their arteries and veins and by inserting large carrot-shaped tubes in their throats. The patient's hands assumed a peculiar red color, especially in the area around the fingertips. He denies any contact with swine, parrots, marsupials or South American simians. Interestingly enough, his second cousin, once removed, suffered from sporotrichosis in January, 1969. Pt. visited Pikes Peak in December, 1952, and received a tick bite.

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O: Generally the patient seems quite cachectic and in chronic distress. His conjunctiva are injected. Auscultation of the chest over the right upper lobe of the lung revealed breath sounds akin to a heavy wind blowing through Mammoth Cave. Percussion of this area sounded like the tympany section of the New York Philharmonic. The integument over the fingers was bright red except for dark splotches resembling dried blood. All modalities of pain, light touch and proprioception were decreased in these areas; however, the patient attributed this to a severe case of frost bite which he received while lavaging a GI bleeder with iced saline. A cafe-au-lait spot was noted over the patient's coccyx. He had a negative Aschkin-Zindel sign and Cogen's test; however, Clartenberg's inverted prayer sign was positive.



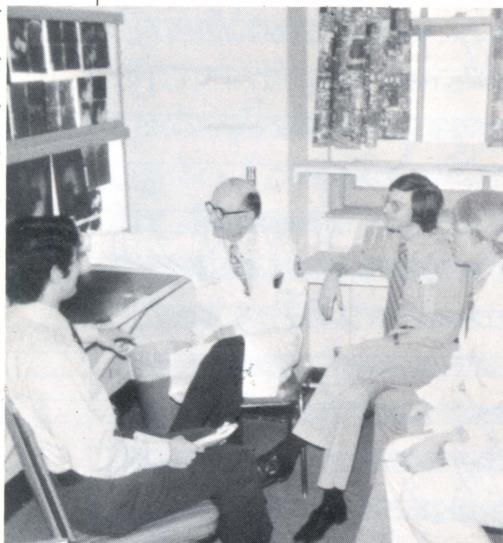
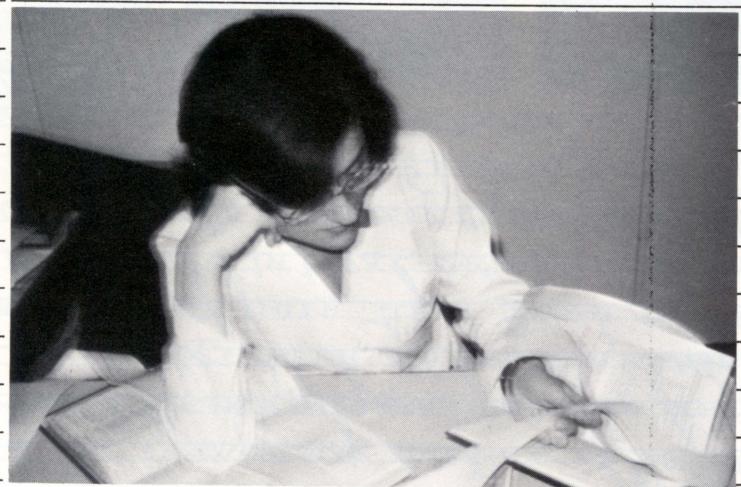
HISTORY-PHYSICAL-PROGRESS-OTHER _____

(CIRCLE ONE)

Date



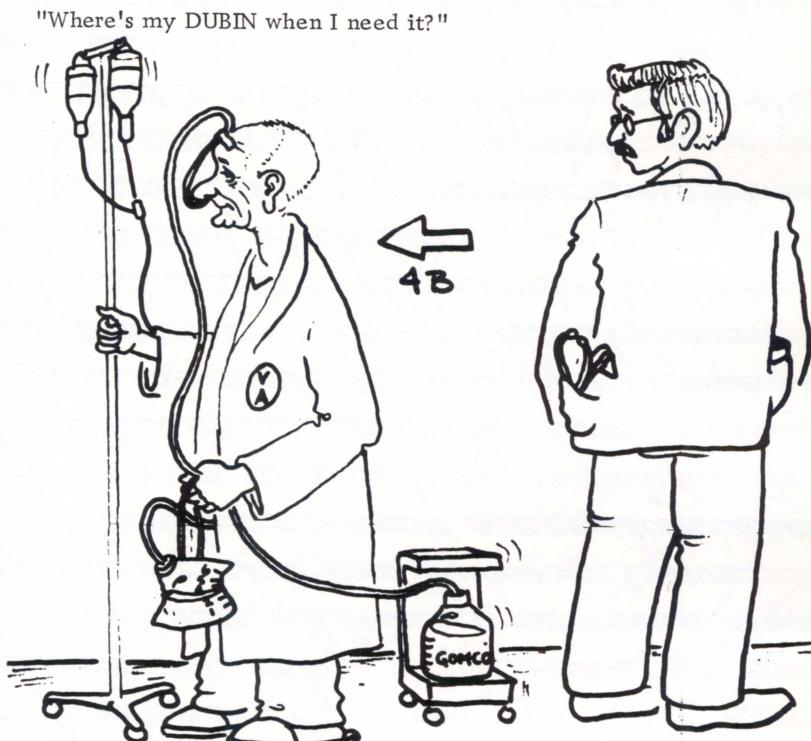
Why is this man smiling? Because Chris Rehme is the one under the sheets.



Dale Terrell tries to explain why he didn't consider leptospirosis in his differential.

A: 1) Leptospirosis
2) R/O Pinta
3) R/O Yaws

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- MEDICINE -

Hillman

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER _____

(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER _____
(CIRCLE ONE)

Date

P: 1) GI consult
 2) Cardiology consult
 3) Dermatology consult
 4) Renal consult
 5) Pulmonary consult
 6) Serum creatinine q4h
 7) Serum ceruloplasmin
 8) 1 unit of blood withdrawn to be distributed in varying amounts to all IUMC special labs and the State Board of Health.

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 Indianapolis, Indiana

Problem #8 Surgery

S: Patient dates the onset of these symptoms to his junior year in medical school. He remembers that one of his cohorts had discovered in a P.D. session consistently became more painful and uncomfortable. He began to experience orthostatic hypotension due to the blood loss, even falling once and inflicting a 2" laceration on his forehead which his roommate attempted to repair with three 3-0 silk sutures and multiple steri-strips. (Incidentally, the patient claims this roommate has been assured a residency in plastic surgery as a result of this performance.) Patient also noted that the superficial veins on his legs would become quite distended, and his calves often became swollen and painful. Both arches were in a state of collapse. At this time he felt that he was surrounded by megalomaniacs whom he could never please. These paranoid delusions persisted throughout the course of his illness except for a two-week period when he was on anesthesiology. He suspects that his associates during this time may have also had delusions of grandeur, but he can't be sure since none of them spoke English. However, he

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER _____

(CIRCLE ONE)

1R

HISTORY-PHYSICAL-PROGRESS-OTHER
 (CIRCLE ONE)

Date

did receive some excellent instruction on the finer points of camel driving. He also began to experience muscle cramps, and his hand was once locked around a lever retractor for a period of 48 hours. His P-P joints became red, hot, swollen and painful. Patient denies any sore throats or previous rheumatic disease; there is no family history of collagen disease. However, he was associated with a person who had a penchant for hitting him on the knuckles with a scalpel handle. These symptoms disappeared after three months, but the patient still suffers urticaria at the sight of a light green article of clothing or white galoshes adorned with yellow lightning streaks.

O: Patient is a haggard individual who appears to be in chronic distress. All P-P joints are inflamed and have peculiar linear marks across them. The vertebral column is quite kyphotic. An angry red irregular scar is noted across the forehead. Multiple thrombosed hemangioidal veins were present on rectal.

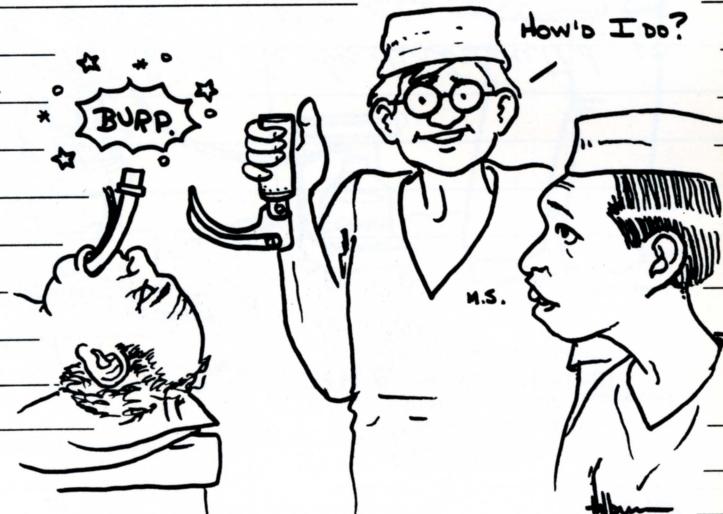
Patient's legs were quite swollen, and 4+ pitting edema to the knee

was noted. The superficial leg veins are the size of an 18 gauge Foley. When the patient stood, 100% of the sole of his foot was in contact with the floor.

"I think we try one more time."

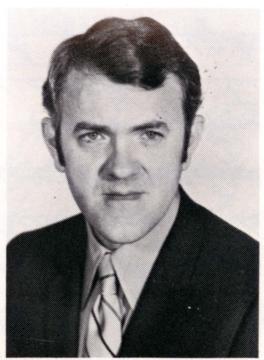
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SURGERY

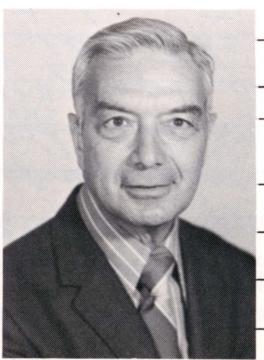




JOHN E. JESSEPH
Professor & Chairman
Surgery

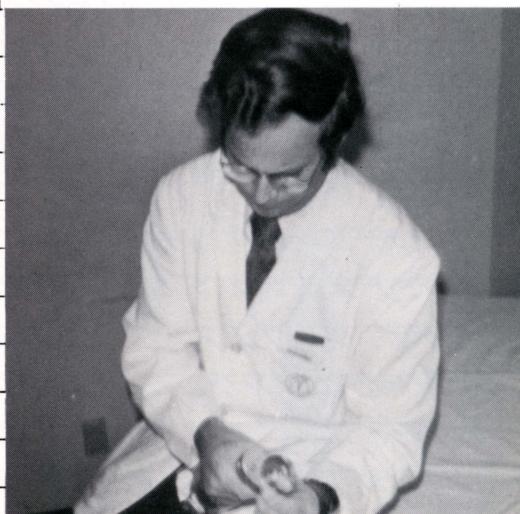


JOHN GLOVER M.D.
Professor, Surgery

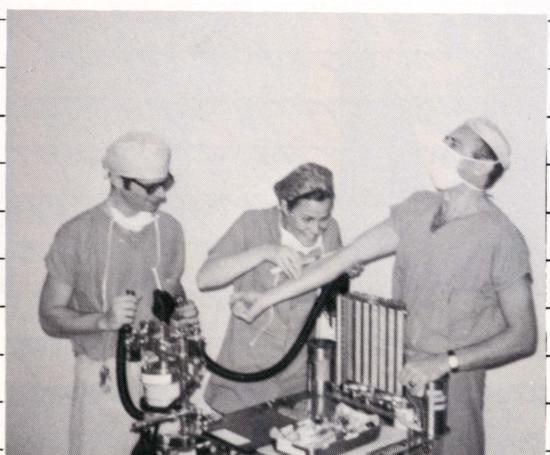


HARRIS B. SHUMACKER M.D.
Professor, Surgery

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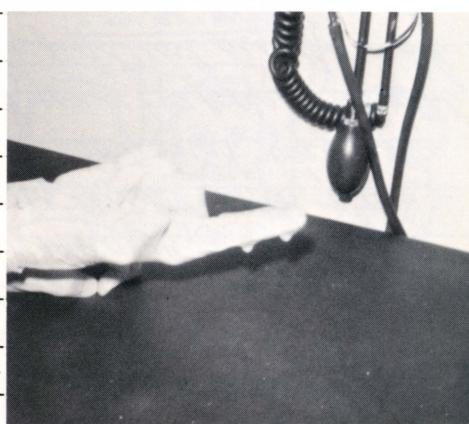


J. S. BATTERSBY, M.D.
Professor, Surgery



Doctor DeFalque advises Robby Goulding (Bracken) on the fine art of starting IV's, suggesting that it might be easier if she took off the needle guard first. Mike Braunstein looks on incredulously.

With an ultimate display of faith in Dr. Horowitz, Harv Nahmias proves that a cast saw really won't cut skin. Get Well cards may be sent to: Dr. Nahmias room 429 University Hospital Indianapolis, Indiana.



A:

- 1) Hypercalcemia
- 2) Kyphosis
- 3) Plantar planus
- 4) Post repair (?) forehead laceration
- 5) Total incompetence of lower extremity venous valves (also total incompetence)

P:

- 1) Parathyroidectomy
- 2) Fusion of vertebral column
- 3) Reconstruction of tarsal arch
- 4) Hemorrhoidectomy
- 5) Re-repair of previous repair of forehead laceration
- 6) T + A, appendectomy, cholecystectomy and excision of any lucrative non-vital organs!

The Med students revenge on all Gomers.

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

Problem #9 OB-GYN

S: According to the patient (who is an unreliable historian) his problem began in the spring of 1972.

At that time he noted a marked increase in his libido to the point where he would spend hours viewing pornographic slides and movies in a cramped, sweaty room with other degenerates. This material was provided by a doctor under the guise of educational materials. This increase in sex drive continued until approximately two weeks into the service when the patient suddenly became impotent and began to experience a strong sensation of asphyxiation. He is unable to relate this abrupt change to any particular event, but he notes that it approximately coincides with a pelvic exam he performed on an exotic dancer from the Rainbow Tavern. There were no other problems except for three episodes of insomnia during which he walked around in an obtunded state, hallucinating about screaming women with lacerated genitals. He had persistent visions of babies being dropped only to be saved by a built-in safety bop. After two weeks these symptoms in turn disappeared except for the impotence, which remained for several months until recently when the patient began to keep company with an NY C & H nursing student. The patient is now asymptomatic except for the recent onset of a purulent urethral discharge and pain on urination.

O: Patient is a well-developed male with marked exophthalmos; his mouth seems fixed in a characteristic sardonic grin. His pockets are filled with anti-contraceptive devices and birth control pills which he offers to every female who enters the room. A Tricofuran suppository is tucked behind his right ear. The rest of the physical exam was U.N.L. except for a tenaculum clamped on his

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HISTORY-PHYSICAL-PROGRESS-OTHER

(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

neck just below the angle of the right mandible. He states this doesn't cause him pain because he was told that it wouldn't hurt if he placed it high on the neck toward the mouth.

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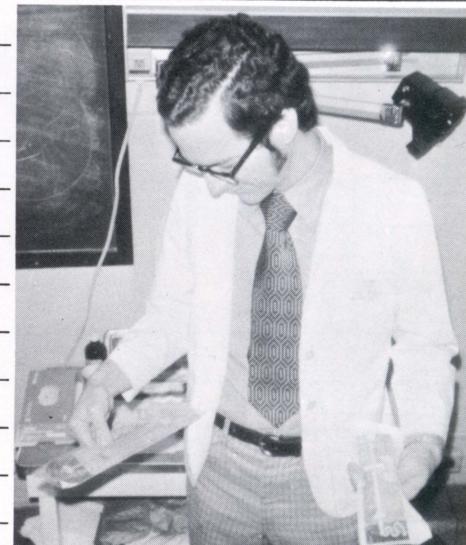
Charles Hunter, M.D.
Professor & Chairman
Ob-Gyn



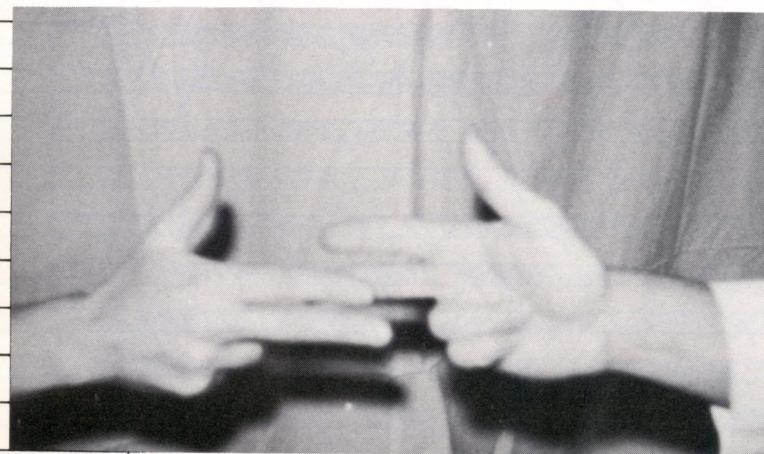
James Carter, M.D.
Asst. Dean of Student Affairs



Walter Huber, M.D.
Professor Ob-Gyn



"Now, Which one for the nurses on A-4?"



A: Acute reaction to menopause
P: 1) Estrogen replacement
2) 4.8 million units
procaine penicillin IM
q 2 weeks as long as
patient continues
with the same social
pattern.



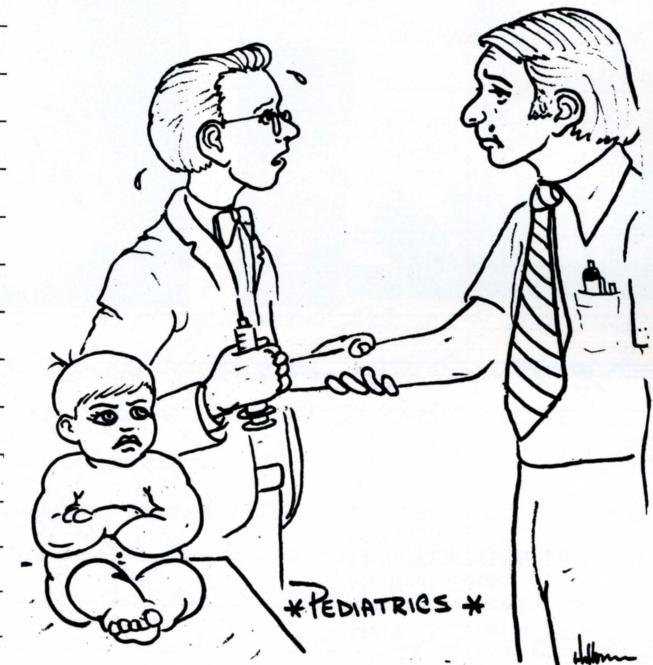
HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

Problem #10 In-and Out-patient Pediatrics
S: Patient's problem seems to have begun sometime during 1971 or 1972. At that time he noticed a peculiar ringing in his ears similar to the screaming of a constipated barkshee with hemorrhoids. Since the onset of this condition he has noted a marked decrease in his auditory acuity. During the course of his illness he was beset with a minimum of seven U.R.I.'s and diarrhea on ten different occasions. He feels the U.R.I.'s were caused by standing in drafts in a junior clerk coat which some child had casually soaked with urine. Aside from the symptoms mentioned above, the patient was unable to note any pathology except an occasional feeling of being imprisoned in a small green room with a metal bed and a bright light shining through the door.

O: Physical exam of patient's ears revealed decreased acuity. Rinne's test disclosed impaired air conduction bilaterally. The **R** ear canal was filled with a purulent drainage, which grew out normal oral flora on culture. The nasal mucosa was red and inflamed, as was the pharynx. Tonsils were red, enlarged and covered with a patchy exudate. Auscultation of the lungs demon-strates bilateral rales and rhonchi. A curious pattern of teeth marks was noted on the **D** index and middle fingers.

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Aw, come on, Norm, all I need is 10cc red and a 5cc. Lavender. No one will ever know!

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
 (CIRCLE ONE)

Date



Morris Green M.D.
 Professor & Chairman
 Pediatrics



John Heubi M.D.
 Professor, Pediatrics

A: 1) Viral URI
 2) Viral enteritis
 3) otitis media
 4) otitis externa
 5) tonsilitis

P: Patient needs a rest
 and should be assigned
 to three months of Out-
 patient Pediatrics

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A child's eye view of Junior Medical Students,
 Mike Milburn, Louise Miller, and Rich Hansen.

Problem #11 Neurology

S: During four weeks of his junior year the patient found extreme satisfaction hitting people with rubber hammers, impaling them on pins, shining lights into their eyes and forcing them to walk straight lines or to touch their nose repeatedly with their fingers. He also appeared to derive special pleasure from sticking needles in their backs and sending fluid thus obtained away to be lost in various laboratories. He reports that he attached unusual significance to the way a patient's toes curled when he ran his knuckles down the patient's skin. If he found someone who could not smell coffee, he immediately subjected them to innumerable visits to the radiology or isotope department. The patient

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
 (CIRCLE ONE)

HISTORY-PHYSICAL-PROGRESS-OTHER

(CIRCLE ONE)

Date

reports that he enjoyed spending his afternoons in the rotary Building staring into people's eyes in the dark or at Long or VA Hospitals sticking unusual instruments up their ears or down their throats. He recalls that one or two of his most enjoyable afternoons were spent cataloguing the mysteries of the Magical Mobile ENT Cabinet with Optional Air Compressor.

O: Patient squinted reflexly at the sight of an ophthalmoscope. A crease around the forehead was noted where the patient said he often wore a leather sweat-band with an attached mirror. (At this point the patient tried to maneuver examiner so that the light came over the examiner's (R) shoulder.)

Callousities were noted on the thumb and index finger which the patient attributed to the frequent use of a reflex hammer. Patient's pockets contained a tube of warm water encrusted with coffee grounds, salt and sugar. His upper thorax bore several small stab wounds, apparently self-inflicted by multiple pins which he was wearing in the lapel of his white coat.

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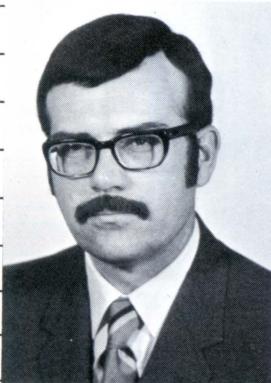
Alexander Ross
M.D.
Professor & Chairman Emeritus
Neurology



William Gillen
M.D.
Professor Neurol-

ogy

Patsy Lane demonstrates the amazement of Pat Huddleston and Mike Petit that spinal fluid really will shoot out the top of the manometer. If you look closely you can see the medulla oblongata at the 5cm level in the manometer.



Mark Dyken M.D.
Professor & Chairman
Neurology



HISTORY-PHYSICAL-PROGRESS-OTHER

(CIRCLE ONE)

Date

A: Obscure neurological abnormality or functional brain syndrome

P: 1) L-P, send fluid for cells, protein, chlorides, Landy, sugar, gold curve and VDRL (with dilutions)
 2) Psych consult (unless patient was referred from psych service.)

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Problem #12 Psychiatry

S: For a brief period during his junior year the patient found that he had unusual insight into the thought processes of his fellow man. At first he had persistent delusions that he was the only normal person in his environment, but he soon became convinced that he suffered from a myriad of complexes and obsessions. He found that he could function only by classifying everyone to whom he talked as paranoid, schizophrenic or manic-depressive. With a very small amount of help from people more adept (or deranged?) than he, he could subdivide these categories even further. He would occasionally feel oppressive, threatening sensations when confronted with a person who acted in a manner which he regarded as normal because he knew that this category was merely a delusional state shared by ignorant, unsophisticated laymen. He found some comfort by prescribing ever-increasing doses of thorazine and similar compounds until the speech of those around him became slurred or their eyes deviated wildly towards the tops of their heads. He now has only vague memories of this time, most of which he claims he has repressed.

The patient relates that he frequently spent lunchtime

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

at the Red Carpet, developing self-confidence to face the afternoon.

O: The patient appears rigid and self-controlled, considering every word before answering even a simple question. With the aid of his calendar watch and I.D. bracelet the patient was oriented x3. He looks suspiciously at the examiner and once said, "Why do you want to know that; you some kinda pervert or something?" He flushed and became angry and more withdrawn when the examiner smiled one time. A large supply of Librium was found in the patient's pockets, but he immediately asserted that he only "used them to get to sleep once in a while." Among the patient's possessions was a large key which he refused to surrender. It appeared to have some talismanic significance to him. All lab values were WNL. Pt. repeatedly said, "I'm O.K., you're O.K."



John Nurnberger M.D.
Professor and Chairman
Psychiatry



Hanus Grosz
Professor, Psychiatry

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A: 1) advanced medical student psychoneurosis
(maybe this guy is really crazy.)

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER
 (CIRCLE ONE)

Date	P: 1) Neuro. consult (unless this pt. referred by neuro) 2) Sedation and reassurance 3) MMPI 4) Vocational aptitudes evaluation 5) Social service consult 6) Transfer to active medicine service where pt. can care for acutely ill patients 7) Advise patient in future career to refer all patients who say, "Doc, this is probably all in my head, but...."
------	--

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Problem #13 Administration

S: Patient dates the onset of this problem to Orientation Day during his freshman year in medical school. At that time a man named Lukemeyer nearly asphyxiated him with cigar smoke as he attempted to tell the patient how great a student the patient was. After narrowly escaping this manner of extinction, the patient began to have trouble with his memory. He constantly misplaced things such as his sophomore black bag from Eli Lilly and his Introduction to Medicine Core Books. He also lost his fourth semester class notes, but he blames this on a radical consumer's advocate named Ralph Waters. He began to feel people didn't trust him and states that he was required to take tests during his second semester, sophomore year, and a comprehensive test at the end of his junior year. During the latter years of his medical school experience the patient became involved with the office of the Dean of Students. The head of the office was an improbable combination child psychiatrist-ice boater, who was later replaced by a more conventional Obstetrician-Gynecologist. Both of these men had Santa Claus-like

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

side kick, Mr. Gines, who, true to his appearance, was constantly giving the patient presents, such as nine months of adolescent psychiatry as a senior elective and an internship in W.S. Major Hospital in Shelbyville, Indiana.

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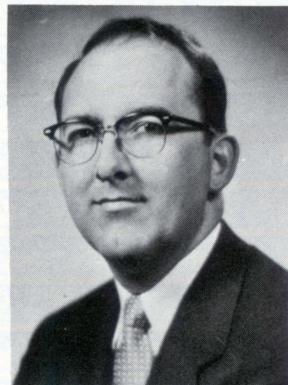
O: Physical exam is entirely within normal limits except for a large self threading screw which enters the patient's back at the level of L2 and exits three cm. above his umbilicus.



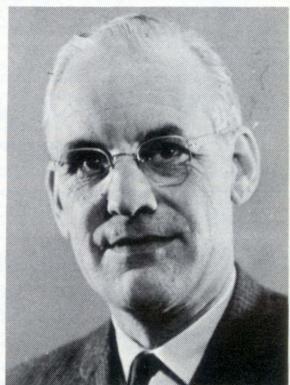
Glen Irwin, M.D.
Dean, Indiana University
School of Medicine



A. David McKinley M.D.
Asst. Dean Financial
Affairs



George Lukemeyer M.D.
Associate Dean of the
School of Medicine



Steven Beering, M.D.
Asst. Dean of Post
Graduate Medicine

A: 1) Organic brain syndrome caused by anoxia
2) Hemoperitoneum and peritonitis 2° penetrating wound to abdomen
3) Aspiration of approximately three liters of bull
P: If patient is accustomed to such treatment, he should enter academic medicine where the administrative syndrome is frequently encountered.

Problem #14 Senior Electives and NIRMP

S: The patient's problem began in April, 1972. At that time he noted that although he would write things in his normal legible script, people began to misinterpret what he had written. For example, for his

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1B

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

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Date

senior schedule he chose #281 Clinical Nephrology - 2 months, #160 Clinical Dermatology - 1 month, #261 Cardiology - 2 months, #330 Internal Medicine - 2 months, #532 Pediatric Gastroenterology - 1 month, #540 Pediatric Ambulatory Care - 1 month and the month of December off. Although the patient is certain he clearly indicated these choices on his preference list, he was given #276 Hematology, #619 Adolescent Psychiatry, #257 Allergy, #504 Anatomic Pathology, #504 Blood Banking, #614 Child Guidance - Community Resources for Handicapped Children and a vacation in March.

After senior electives the patient noted the disappearance of this trouble. By January, 1973, the patient had spent \$13,000 touring such garden spots as Santa Monica, Portland, Seattle, San Diego, Phoenix, Miami Beach and Aspen and had impressed the internship directors of those respective institutions with his clinical competence and sparkling personality. When the patient opened his NRMP envelope on Senior Day, he found that he had been assigned a wonderful pathology residency at United Hospital in Grand Forks, North Dakota.

O: The patient was noted to be sobbing hysterically when seen by the examiner. He had a glass of beer in one hand and a torn envelope in the other. His mood was markedly depressed as was his affect. The remainder of the physical exam and mental status was WNL except his dress and manner were slightly inappropriate, as the patient was wearing a new set of snow shoes and was lubricating his microscope with Prestone antifreeze. A box containing a gross of Chapstick was found beneath his chair.

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

C. W. Acher attempts to relieve the tension of choosing senior electives.

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Eugene Klatte, M.D.
Professor & Chairman
Radiology



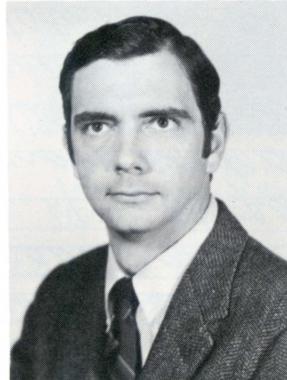
Rosco Miller, M.D.
Professor, Radiology



Virgin Stoelting, M.D.
Professor & Chairman
Anesthesiology



Richard Powell, M.D.
Professor, Internal Medi-
cine



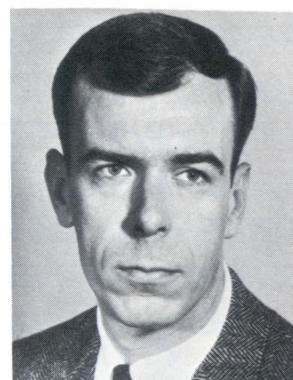
James Higgins, M.D.
Professor, Internal Medi-
cine



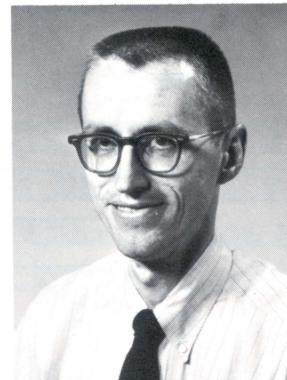
Robert Rohn, M.D.
Professor, Internal Medi-
cine



Charles Fisch, M.D.
Professor, Internal Medi-
cine



James Meadows, M.D.
Professor, Medicine



Gareth Gilkey, M.D.
Professor, Internal Medi-
cine



Victor Hackney, M.D.
Professor, Dermatology



HISTO

Date



Arthur White, M.D.



Don Humphreys, M.D.

Professor, Internal Medicine

Professor, Internal Medicine

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A: D.T. I.A. → agraphia

2) Depressive reaction to a stressful situation

P: 1) Suggest that patient take up winter sports such as cross-country-skiing and snow-mobiling.

2) Suggest that patient buy a St. Bernard

May 20, 1973

Dale Terrell
 Chris Rehme

Senior Day April 13, 1973

CLASS ANNOUNCEMENTS by El Supremo

"May I have your attention please . . . I have a couple of class announcements to make."

First, regarding Bob Jahnke's micro notes dated Nov. 12--Dr. Shrigly informed me that on the second page, the fifth line that reads, 'Pts. with shigallosis will often get the shits' should be changed to 'Pts. with shigallosis will often note the onset of diarrheal stools.'

Second, we still haven't gotten back the walnut plaque or the ceramic duck taken from the I.V. club house at the first class party. The management would appreciate the prompt return of these two items as would the students who signed the rental agreement and now face legal action.

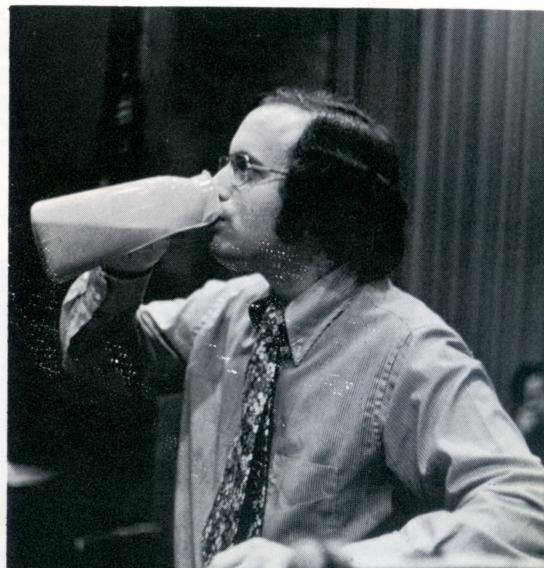
Third, I'd like to thank the Supreme Committee for the Literary Enlightenment and Continuing Education of the People who put this program together and who share equally in the glory and blame. They are Jim Heinrich, Dick Larmore, Dale Terrell, Gary Hippenstein, Chris Rehme, "Ralph" Waters, Dave Bash, and Gary Hagstrom.

Fourth, this program is rated (R). No one under 18 will be allowed to listen without accompanying parent, guardian or medicine staff man. Senior Day is a Gary Hagstrom Production intended solely for the use of seniors. Any publication, reproduction or other use of the contents herein without the express written consent of the Committee for Literary Enlightenment and Continuing Education is strictly prohibited.

Now, I'd like to present our esteemed El Secundo, Gary Hagstrom who will present the CPC for your enlightenment and edification."

Thanks, Chris. I realize that, in the past, Senior Day has been dominated with an air of frivolity and hilarity; with certain pungent remarks aimed at the faculty and institution. In fact, it would be said that flagrant castration of egos was attempted in the past. However, I feel that this year we are presented with an opportunity, an opportunity to begin a new tradition for Senior Day, befitting the station in life we are now assuming. It is with that goal in mind, that we, the organizers of Senior Day, have prepared a tantalizing, mentally masturbating CPC to test the minds of all.

Assisting me today will be representatives of several exemplary depts. of this institution. First, representing Medicine (courtesy of the Renal Dept.)





NIRMP Results Require a Special State of Mind

And Those Who Could Still Eat Loaded Up

that bastion of humility, the man many of us hold dear to our hearts, Dickie Hotdog. Next, representing Surgery, God's right hand man, H.B. Shoeless. Representing Radiology, the master of anal sphincters, Boscoe B.E. Driller. Representing Pathology, just back from a recruiting tour of the Far East, Josh Edwing. And last, and in this case least, representing the Dept. of Psychiatry, that tall, gallant, fair-haired warrior of the tennis courts, Toner Overbearing. I want to thank you gentlemen for attempting to assist us today.

This 56 y/o/w female presented to the MCGH ER at 3 a.m. for the 34th time, with a chief complaint of dyspareunia. On preliminary exam, the senior acting intern noted a globe and anchor tattooed on her mons pubis and the pt. was immediately shipped (otherwise blown) to the VA Hospital. However, upon arrival at the VA the pt. failed to salute the picture of our glorious President, and she was immediately returned to the MCGH. However, upon closer questioning by the senior acting intern it was learned that the pt. knew intimately the 101st division Screaming Eagles and an immediate double-reverse dump was performed as the pt. was returned to the VA for admission.

DATA BASE: This 56 y/o/w female was previously employed at the Rainbow Room on Mass. Ave. where she first came to medical attention.

CC: "Everytime I have intersection my Virginia hurts"

PRESENT ILLNESS: The pt. dates the onset of symptoms from the death of her husband (from self-inflicted gunshot wounds) approximately six years prior to admission. Three months after her husband's demise, while attending a VFW card party at the Slovenian Home, the gentleman she was playing with, sought her attentions. Upon her third attention, she noticed the onset of the symptoms. Pt described this as a "Twinge between my bronical tubes and below my Asparagus". This uncomfortable feeling was unrelated to position, time of day (or night) or level of consciousness. Upon closer questioning, her symptoms were exacerbated by certain foods including: Chiquita Bananas, Oscar Meyer all meat weiners, and cucumbers (in season). The symptoms were noted to recur approximately three months later when the pt. was overcome with emotion at the Friday night wrestling match and threw herself on the turnbuckle.

Early in the course of her disease the pt. obtained relief of symptoms by the use of liberal combination therapy of Massingails douche powder the Prep. H. However, the pt. was unable to continue the therapy because it "tasted bad and made me vomit".

The symptoms were noted to recur paroxysmally over the next five years while the pt. was entertaining the troops at the USO canteen. In the last two years, the pt. noticed a decrease in the frequency of exacerbations concomitant with a 69 kg. wt. gain, which the pt. attributed to a "metabolization defect in her glands."

On the night of March 1, 1973, upon reading a health capsule note from "True Confessions" on the incidence of scleroderma and dyspareunia, she decided to seek medical attention.

PAST MEDICAL HX: The pt. had the usual childhood diseases including frontal bossing, sabershins, Hutchinson's incisors, anencephaly and gonococcal pharyngitis and otitis media. Surgery includes removal of a nine battery Ever-ready sealed beam flashlight at age thirteen from the rectum. No serious accidents or injuries, except bilateral palmar rope burns in attempting to assist husband in first suicide attempt. The pt. has no allergies except to super-thin latex. On no meds except as in the P.I.

SOCIAL HX: Drinks one bottle vanilla extract daily for a sore throat. She also drinks $\frac{1}{2}$ case of Hudepohl per day. The pt. rolls her own Bull-Durhams with a hundred pack year history. The pt. denies the use of drugs.

FAMILY HX: Father died at age 32 of tertiary ives. Mother is alive and well and performing nightly at the Rainbow Room. There is a strong family history of cirrhosis and chronic pancreatitis. There is one brother with two heads in a local side show, who died at age 42 of acute schizophrenia. One son is alive and well and recently had a starring role in the movie "Deliverance" playing a Banjo.

SEXUAL HX: Menarche--age 6. First intercourse--age 5. First intercourse with a human--age 7. First intercourse outside the family--age 10.

PHYSICAL EXAM

HEENT: Oligocephalic with cracked pot tympany, nasal septum remarkable in its absence. Amphibian nictitating membrane noted over both eyes. Pharynx revealed Prep H exudate. The neck was webbed.

CHEST: Paroxysmally undulating pendulous breasts. Tatcoes of "army" over left nipple area, "navy" over right nipple area. Dark green moss was noted on the north side of each breast. Effervescent breath sounds were heard over all lung fields.

HEART: PMI was not appreciated. A grade III/VI SEM was not heard at the LSB.

ABD: The battle of Pearl Harbor was tattooed in living color on the abdomen. The liver was percussed one centimeter above the iliac crest. A grade III/VI irregularly irregular flatulent bruit was heard over the LLQ.

EXT: 3+ pitting edema. No reflexes.

RECTAL-PELVIC: Deferred to the Junior student. He found on rectal severe thumb sized hemorrhoids. Pelvis revealed a Drosophila fruit fly colony covering the external genitalia which prevented further examination.

HOSPITAL COURSE: On the day following admission, the pt. arrived in her room and received three stat baths. The pt. was sent for a stat GI series and was found three days later in the X-ray Dept, with the IV in her left arm clotted, and the foley infusing well into her right arm. The pt. was returned to the ward where no urine output was recorded for a period of ten minutes and an emergency Renal consult was obtained. Peritoneal dialysis was begun thru the battleship Arizona without complications. The following day the pt. was sent, in a moribund state, to PT for her q2h vibrator therapy. The pt. was found dead in bed one hour later with half a banana in her hand.

PERTINENT LAB DATA: Cyclic AMP levels of Skein's gland were 123 Bell units. Bartholin gland vein prostaglandins A and E were 126 and 125 respectively. Vaginal K+ levels were 1.4, 1.3, 0.3, 1.6, 1.1, and 1.5. Serum lytes were Na-133, K-4.0, Cl-109, and Co₂-28. As it was over the weekend three SMA-12's were drawn but not returned to the ward. Uterine artery blood gasses were pO₂-35, pCO₂-38, and pH 7.44. The stool was heme+, also stool cor-proprionyhins were 12, fecal fats 138, stool cereuloplasmin were 13.3, 16.7 and 17.8 per level teaspoon. Most significantly analysis of the Drosophila fruit flies were as follows: Total number 49; 16 grey, 33 black, 12 with two white eyes, 25 with one white eye and one red eye, and 12 with two red eyes; forty had 4 legs and nine had 5 legs.

Now Dr. Overbearing would you like to comment on this pts. psychiatric exam.

TONER OVERBEARING: I guess that I want to thank you for the opportunity to discuss this patient today. Although I must confess that I had other plans. I was going to go out to show my overbearing; that is, if no policemen were around. Nevertheless, I have noted that in some past years my specialty has been ignored except for some blank (make that "blank blank") doggerel aimed in my direction. In view of the recognition that one must consider the whole patient, I am happy to digress.

I have a certain degree of competence to discuss dyspareunia, even if I never have experienced it myself--I mean, you don't have to be crazy to talk about insanity, although most of the sophomore students feel that it helps. Most of my patients have dyspareunia, at least they have had when I have, ah, uh, ah, seen them--professionally that is. I feel that this patient's problems began when she lost her father in 1937. She tells me that her nights became much lonelier then, and she began having this recurrent rather pleasant dream that he was with her. She states that she often awoke from these dreams right in the middle of a rapid eye movement--with a pleasant warm glow over most of her body. Much of the remainder of her life, especially the last few years, has been spent attempting to replace him.

Insofar as I could determine from the chart, no one had attempted to perform a mental status exam on the patient. Perhaps the previous dx of anencephaly persuaded them of the futility of this procedure. Since people in my profession are very familiar, one might even say, comfortable, with futility, I filled this gap in the patient's work up.

Appearance, attitude and behavior were normal except that she was fat, unkempt, leering constantly, and exposed herself frequently.

Affect was low and flat with occasional peaks. Thought processes were unremarkable except for their absence. Thought content was disgusting. Pt had a persistent delusion that I wanted her body. Intellectual function--Pt. was oriented x 1. She knew that I was a doctor. I must confess that it took me a while to remember that she was right. Memory for remote events was fair and I hope that it was bad for recent events because if she had really been doing what she says she was, she really needs help--or a blind sailor.

Intellectual capacity testing was stopped on serial seven's; also on serial three's, two's and one's. Judgement must be poor; she came to us for help.

Insight into the nature of her problem failed when her vaginal secretions corroded the batteries on the flashlight she was using to view them.

In summary, dyspareunia is frequently a sign of subconscious conflict and it must be so in this lady, since all of her mental processes are subconscious, no evidence of conscious activity being detectable.

Dr. Driller could you present the X-rays.

Dr. BOSCO DRILLER: Thank you! Damn! Who did that film? It doesn't matter because the SOB is going to be out of the program anyway.

The first thing that impressed me about this KUB was that there were two definite abdominal masses. The largest is a pedunculated cystic mass consistent with but not diagnostic of a beer bottle. Notice how the colon is dilated around the mass with the conspicuous absence of Haustral markings or a classic Hudepohl sign. The trained eye of the radiologist is also able to spot a subtle air fluid level in the bottle with approximately 3 cm of foam at the air-fluid interface. The radiopaque mass at the proximal end of the mass is probably what? (senior student). That's right it's the cap-sign that guy up for the program. A recent study in the latest "Paraguayan Journal of Applied and Creative Radiology" indicates that 98% of all closed beer bottle rectal inclusions are due to traumatic insertion of Hudepohl bottles through the anal sphincter. This makes a lot of sense if you've ever tasted Hudepohl. Now we have one more mass to consider. This seems to be lying anterior to the larger mass and is in all probability a vaginal inclusion body which are not at all uncommon in 56 y/o retired WAC's. The only thing that bothered me about it was that it was inserted transversely to the vagina rather than maintaining the usual longitudinal line. We attempted a hysterosalpingogram but elected to abort the procedure when three first year residents were seriously injured by hordes of swarming fruit flies, while trying to infuse the dye. This vaginal mass is approximately 17 cm in its longest axis by 4 cm in its narrowest axis. It is ellipsoidal in shape except for a rather large semilunar defect in one end. After discussing this with my colleagues, I have come to the conclusion that, in view of this lady's history and nutritional state, this mass could easily be interpreted as a half-eaten banana.

Some difficulty was encountered in taking the chest film; however, the Argon National Laboratory was kind enough to let us use their accelerator to produce a beam of sufficient intensity to penetrate through this pt's. breast shadows. Marke i congenital malformations of the pectoral girdle are noted presenting a picture similar to what you would see in a 450 pound amphibian. The trachea is midline but the carina is rotated 90 with the bifurcation being in an AP plane. The mediastinum is normal except that it contains embryonic rudiments of gills. The lungs show the changes of markedly advanced COLD with what looks to be charcoal briquettes in the base of each alveolus. Probably an effect of chronic Bull Durham inhalation. The heart is normal except for the fact that it has 3 chambers.

The only other radiographic abnormality is enlargement of the PIP joint of each thumb--again a reflection of her frog like development.

I'm sorry that we don't have an IVP or mammogram to show you, however, the stupid medicine intern didn't have enough sense to schedule the IVP before the Lower GI, and there wasn't enough film in the department to attempt a mammogram in so large a scale.

In summary, the radiographic findings of beer bottle megacolon, oligocephaly, toad-like chest, and embryologic development arrested at the level of an amphibian, in the face of paradoxical dyspareunia, is consistent with, and practically diagnostic of, Andrews-Armstrong syndrome. The dyspareunia found so often in Andrew-Armstrong is due to the pt's. congenital lack of carbonic anhydrase and the resultant vaginal dehydration.

Dr. Hotdog, do you have any pertinent comments.

DR. HOTDOG: Thank you Gary. Not a bad diagnosis, Dr. Driller, for a man who spends half his life in a dark room getting his DNA fractured. But being a former "stupid medicine intern" I prefer to look at facts rather than shadows.

The main rule in the practice of medicine is that in the face of any serious disease always consider the kidneys first. Rather than confuse the students with a lot of useless information, I think I should take some time to dispense with Dr. Driller's amusing but quite inaccurate diagnosis. The changes in this unfortunate woman's pectoral girdle are explained easily by a 69 kg wt. gain imposed on bones weakened by the scourge of renal rickets. Andrew-Armstrong syndrome is always accompanied by a fecal ceruloplasmin of less than 13. I nanograms of ceruloplasmin per level teaspoon of stool. However, the woman in question never once had a level below 13.3 on the nine separate occasions I sent my senior student to extract a level teaspoon of stool from her rectum. I might also add that never once did he encounter rectal glass. The carinal shift is easily accounted for by an enlarged left kidney pushing up on a hyperplastic left adrenal gland which in turn elevates an already engorged spleen thereby rupturing the left hemidiaphragm and displacing the contents of the left hemithorax anteriorly, or the so-called Klatt-Domino effect. A careful history on the patient revealed her bilateral thumb enlargement was not due to some congenital malformation, but rather was due to her predilection for ambidexterous bowling. I chose to disregard this lady's cardiac abnormalities as the heart only serves to pump blood to the kidney's anyway. I might also point out that some original work done by Dr. Charles G. I. Johnstool of this institution in the insertion of beer bottles into the rectum of volunteer junior medical students completely refutes the results of the Paraguayan Hudepohl study. Just one further point to completely dispell Dr. Driller's erroneous diagnosis. Andrew-Armstrong syndrome is always associated with a fetal amorphous level of 7.5 or greater. I had my senior student draw serum amorphous levels along with serum creatinine levels every 10 minutes times 48 hrs. consecutively and never once did the level rise above 7.5 . . . although on 105 separate occasions it did hit 7.4. We were unable to obtain follow-up levels after these initial studies as the pt. developed marked hypovolemic shock and the senior student transferred to dental school.

Having dispensed with the Andrews-Armstrong syndrome, I think it would behoove us to consider a differential diagnosis of dyspareunia. This would include:

- 1) Andrew-Armstrong syndrome
- 2) Vaginal bananaopathy
- 3) Vaginal dehydration 2 to prostaglandin secreting tumor of Bartholin gland
- 4) Chronic Drosophilias
- 5) That recently described syndrome that I'm sure Dr. Daly would want me to mention i.e. pseudodyspareunia
- 6) Finally, primary idiopathic urethral hypertrophy

Concerning the first, I have, as already mentioned, disproved that absurdity.

The second diagnosis of Vaginal bananaopathy can be ruled out in this case by the vaginal K+ levels of less than 2.5 on 7 different occasions--in spite of the fact that bananas are high potassium fruits; as opposed to New York hairdressers who are low K+ fruits. It is also noteworthy that this pt. did not have marked clitoral jaundice--a sine qua non of bananaopathy.

The Bartholin prostaglandin tumor theory is a very interesting possibility. However, in the pt. the Skene gland cyclic AMP levels was less than 200. But more important the Bartholin gland vein prostaglandin level was markedly low at 125. Therefore, this possibility is very unlikely.

The physical finding of a Drosophila colony on the external genitalia, I believe, is a red herring in this case. Unpublished results from the Bent Peter Brigham shows that the half-life of 4-legged drosophilas is only 30 minutes, while that of 5-legged fruit flies is one year. The differential count of 40 four legged and 9 five legged fruit flies makes the diagnosis of chronic drosophilias an impossibility in this pt. That, Dr. Driller, is what I mean by facts rather than shadows.

Although pseudodyspareunia must be a consideration, and recent research done at this institution has confirmed that this disease is endemic to Central Indiana, upon diligent probing it was found, however, that it occurred only in adolescent student nurses and is frequently called the "I've never done anything like this before" syndrome.

Now we come to what I think is the diagnosis. We have thus far overlooked the ten minutes of anuria in this pt. Personal direct communication with Hamburger has allowed me to gain information about a patient of his. This pt. had acute urinary retention of 10 minutes duration and chronic dyspareunia. At autopsy she was found to have complete obstruction of the urethra with secondary narrowing of the vaginal orifice caused by urethral hypertrophy. I believe this to be the case in this pt.: i.e. primary idiopathic urethral hyperplasia.

"And here we have the classic Hudepohl Sign": Dick Larmore as Boscoe Driller

"The patient experiences incontinence of stool sixty times a minute": Jim Heinrich as H.B. Shoeless



Thank you very much. I certainly hope you've learned something from my enlightening presentation. My God, Doctor Shoeless, we almost forgot you, could we have your comments.

HARRY SHOELESS, M.D.: For the benefit of the junior clerks I am standing up, so you can see me.

Having personally seen, while at the Hopkins and New Haven, over fifty of these cases, all private of course, I feel somewhat of an expert. Let me relate an interesting personal incident. May I ask the birthplace of this lady, for, and if I may digress a bit, there is a syndrome described by the late Harry Cushon that occurs only in people of eastern descent, who have trained, so to speak, in the East, and who have come to the attention of the Hopkins.

Harry first described the syndrome in a lady similar to the one previously described. Cushon had an idea that the problem was the lady's questionable intellect. Cushon decided to test his hypothesis by presenting to the lady three photographs, one of her "virginia" as she calls it (Robert E. Lee will never be the same) one of her rectum and one of the Grand Canyon, the latter showing a remarkable resemblance to the former, both being wide, deep and becoming increasingly polluted. Upon seeing these pictured and in following the normal procedure for Hopkins people, a double blind study was done. The three pictures were posted in Dr. Cushon's office. Dr. Cushon and the lady in question filled in their answer sheets and it was found that although the lady was unable to distinguish her "Virginia" from her rectum, the greater fault lay with Harry who couldn't tell her ass from the hole in the ground. Which may I ask you, is the worst? One the one hand Harry had no symptomatology, at least he was no different from the other Hopkins people, but on the other hand, extreme pain could result if this lady didn't know her orifices. If, as stated in the physical exam on this patient, the lady had thumb-sized hemorrhoids extreme dyspareunia, or to coin a phrase, dyspareunia in ano, would be the result. What to do for this lady. Will someone please help me!!!

(Senior Student: "What about surgery, Dr. Shoeless?") Thank God for reminding me! Not having done surgery on more than forty of these ladies with dyspareunia, I can state that the operation of choice is the Big Shu Swing. The operation, if you're not all familiar with it by now, is done by preparing the fascia lata in the usual manner. A one way valve prosthesis is then formed by techniques I have previously described in my open heart cases, and the valve is inserted in ano, where I may interject, it does better than in the heart. The valve functions extremely well in one direction. The patient is able to defecate when ever she wants, and the valve does not permit any foreign bodies to enter the rectum. Mortality from this procedure is comparable to most, with three of forty surviving.

There is an interesting complication of this operation if the pt. survives. It is the syndrome called the post-value in ano replacement dumping syndrome. For some unknown reason the valve synchronizes with the heart, and the pt. experiences incontinence of stool sixty times a minute. One very interesting pt. died in less than five minutes while having an attack of PAT. The pt. expired rapidly when she tried to break the attack by a Valsalva maneuver.

Getting back to the pt. at hand, I feel Dr. Hotdog made a bold attempt at being complete by including the diagnosis of pseudodyspareunia. However, he did fail to mention pseudopseudodyspareunia. This syndrome is characterized by the primary target organ being the rectum instead of the vagina, or in other words, the pt. has orifices screwed up, as in the case presented. Although there is no known surgical cure for this affliction, I would beg your indulgence to propose a definitive surgical procedure. That being a complete surgical transposition of the great orifices.

This most unfortunate pt., I feel, suffered from this dread disease of pseudopseudodyspareunia and could have been saved by surgical transposition of her orifices had she only been sent to me in time.

Dr. Edwing, might we now hear what the autopsy showed.

Dr. JOSH EDWING: Thank you, Mr. Scutmonger. A most interesting clinical presentation, gentlemen.

However, as is usual, the final diagnosis awaits the pathologist.

A brief pathological report on this patient reveals that the body--was gross! Examination of the body cavities revealed that the thoracic cavity contained no free fluid and the thoracic viscera had their normal anatomic locations. The pericardial cavity contained 10cc of clear yellow serous fluid and the great vessels entered and exited the heart in their normal anatomic fashion. Examination of the abdominal cavity revealed no free fluid was present, and the abdominal viscera had their normal anatomic location and relationships.

Examination of the body organs revealed the following pathologic abnormalities:

- 1) Feces embedded under the right index fingernail just distal to splinter hemorrhage.
- 2) Metastatic Drosophil colonies to the major viscera.
- 3) Massive, thrombosed internal hemorrhoids.
- 4) Scleral yellowing.
- 5) Splenic hypertrophy.
- 6) A peculiar yellowish soft friable substance in the lung periphery.
- 7) $\frac{1}{4}$ of a banana transversely oriented in the vagina; this banana was of undetermined brand . . . at this point
- 8) One, slightly decomposed Hudepohl beer bottle, rusted cap intact, in the distal rectosigmoid.
- 9) Interestingly the urethra was markedly atrophied.
- 10) Most interestingly--riding the bifurcation of the great pulmonary arteries was a saddle-shaped, squishy soft, yellowish thrombus. Microscopic exam revealed a bluish-colored paper residue located on the external surface of the thrombus.

Histologic study of step sections embedded in paraffin revealed the architecture of the squishy soft yellow thrombotic mass to be of South American origin. On further exam of the bluish-colored paper residue by gas chromatography, a diffusion pattern was found to be absolutely diagnostic. Therefore, the only possible cause of death in this poor unfortunate 56 year old woman is that of CHIQUITA BANANA EMBOLUS!! I thank you, suh!

AWARDS

I hope you are now beginning to get a glimmer of the station in life we are about to achieve.

Now that we have attained this pinnacle of our careers, it is only fitting that we honor those persons or group of persons who have most influenced our lives, and directed our footsteps toward this manifest destiny. Or to express it another way, we now see clearly the paths before us only be standing on the shoulders of giants who have gone before us. And stand we shall.

We feel it only fitting that these giants should be honored today for their achievements. There have been many traditional awards presented, for which this year we find many deserving recipients. Nevertheless, outstanding achievement in other categories must also be recognized. Therefore, we are initiating several new awards.

(Editor's note: Unfortunately, we have only space to list the winners of the awards.)

SMFTAMJ (o Sh--, man, F--, That ain't my job). MCGH nurses aides -- for excellence in lassitude and total disrespect or the patients' welfare and for vivid imagination in fabricating T, P, R and B/P's.

The JAUNDICED JOCKSTRAP AWARD for the Least Supporting Faculty. Dr. "Diamond Jim" Carter for outstanding achievement in the use of National Boards to flunk students (A man as useful as the top button on Bob Waters' shirt).

The BEAUTYREST-SOMINEX-SEALY POSTUREPEDIC AWARD for Excellence in Soporific Lecturing. Representing the basic science department, that mask-like face, the keeper of the cupboard, Jesse Hubbard.

The CORY JANE SERVAAS MEMORIAL GOLDEN PRICK AWARD for those women who are associated with medicine and know the least, contribute the least and need most the golden prick to while away the lonely hours. The sultry South African siren, Shirley Siew, for her heretofore unmatched ability to interject Apartheid into a discussion of Rheumatic Fever.

The PREVENTIVE MEDICINE AWARD for the doctor or group of doctors who has prevented the most medicine from being practiced during our clinical careers. Those sieves of admission, those titans of triage - the admitting doctors of the V.A.

CAPIT IN ANO For explicit and detailed presentation of live patient at a Biochemistry CPC-- Wolfgang Zieman

The ZOLLINGER-OCHSNER-WAGENSTEEN HUMILITY AND TACT AWARD for that staff man who seems the most humble at all times. Merrill Ritter, that lightening-booted lover of laminar flow, that prosthetic hip himself.

The RATS DESERTING THE SINKING SHIP AWARD. Behnke, Nassar, Shoemaker, Shires, Dequaseda, Tyler, Hickman, Vance, Trigstad & Ross. Winner: Reverend Roy

ANUS EQUINUS For his mild-mannered, long-suffering, understanding and tolerant attitude toward the houstaff's inadequacies, that former gum-gardener himself-- Stuart Kleit.

HONORABLE MENTIONS included: Dr. Warren Andrews for that famous advice on how to keep the stork from landing - shoot it in the air! Dr. Sherman Minton for his well-known line: Yes, Virginia, there is an endotoxin. Dr. Edward Shrigley: a platter of pasture patties for his infamous moo-cow questions. Dr. Dave Challoner: for his suave pearly whites, a year's supply of Ultra-Brite. B-de. B-de, t-t-t-t-th-that's all, Folks! for Porky Powell.



The Small Town Boy as Toner O.



"Here I stand, stool in hand . . ." Gary Hippenstein

KEEP A STICKIN

If a tendon's in your road
Keep a stickin
Forget the screaming little toad
Keep a stickin
For your sheets will not be parted
Till you get the I.V. started
So rather than be too faint-hearted
Keep a stickin

If the spine is ankylosed
Keep a stickin
And your needle is thrombosed
Keep a stickin
For though the Stroker's brain is gone
Your res wants spinal fluid drawn
If you have to stay up till dawn
Keep a stickin

Despite the vessel it may be
Keep a stickin
Be it vein or artery
Keep a stickin
The coulter counter doesn't care
If the blood is full of air
And your beer's at home in Frigedaire
So keep a stickin

I.V.'S IN THE NIGHT to the tune of STRANGERS IN THE NIGHT

I.V.'s in the night
We're starting I.V.'s
I.V.'s in the night
We're starting I.V.'s
Aiming in the dark
To find a vein that's true
We've been up all night,
Exchanging curses
Wondering in the night
Where are the nurses
When it's time to staff
How will we make it through

Internships are fun
Exciting lives we live
All day and all night too
Without our wives and gals that we love oh so true
To bad we never knew
Residency's a year away
We know we'll never see that day
Our terns start the I.V.'s while we are sleeping
Draw the T&C's
While we are sleeping
It turns out so right
For interns in the night.

The "Morons" Perform "The Ballad
of Merrill Ritter"

HARRY THE SHOE

Half an inch, half an inch,
Half an inch through
Straight through the sternum
Cracked Harry the Shoe.
"OH! Lord, please help me guide this blade;
I'm the only hope that's left," he said.
Into the thorax
Plunged Harry the Shoe.

"My God, this man is gonna die;
Is there no one who can help but I?"
The students knew that Stoelting had blundered.
Theirs was not to make reply,
Theirs was not to reason why,
Theirs was but to retract or die.
The pts. blood loss
Approached thirteen hundred.

Bleeders to the right of him,
Bleeders to the left of him,
Bleeders in front of him spurted and bled;
The field obscured with red blood cells,
Boldly he cut and well.
Into the atrium
Into the ventricle
Stormed Harry the Shoe.

Flashed he his scalpel bare,
Flashed hemostats in laminar air,
Bovieing the bleeders there;
Changing a mitral valve
While the internists mutter.
Slicing sundry vegetations,
Cracking grisly calcifications,
Mitral leaflets
Reeling from his wild gyrations
Shattered and Sundered.
The blood loss rapidly
Approached nineteen hundred.

Bleeders to the right of him,
Bleeders to the left of him,
Bleeders behind him spurted and bled.
Still he fought on and on,
Fought with wire and ethicon
Back through the sanquine mess

That was once a fairly normal chest
Closed our noble hero, Harry the Shoe.

When can his glory fade
And those reckless Commissurotomies made
As internist mutter!
Honor all the vascular crew
Honor more, Harry the Shoe,
The Honeysuckle cutter.

The Jaundiced Jockstrap Award Flutters Briefly
in the Hot Air from Below



THE FOUR-YEAR HINDSIGHT GUARANTEED
MED-SCHOOL BLUES
to the tune of
YOU'VE GOT TO HIDE YOUR LOVE AWAY

Here I stand, Stool in hand,
Some more stuck on the wall;
Kneeling down, I hear the sound,
A hawker, being born....
Hey, you got to hide your face away
Hey, you'll get your face and white coat sprayed.

Later on the labs are drawn-
Blue and pink and red.
An aide comes in and steps on them; I beat him on his
head--
Hey, you got to hide your labs away
Hey, you got to guard them where they lay

A drunk comes in, you jump on him
And save his worthless ass;
Then you hear He's had some beer
Home on his weekend pass.
Hey, you got to blow those gomes away
And hey, send them to Marion V.A.

Some nurses come and some may go;
Most of them hardly move.
Whether there's a Bett cell there
Is sometimes hard to prove.
Hey, they'll cut your brand-new I.V. down
Hey, they'll let it run out on the ground.

Now I stand, M.D. in hand,
Finally made the grade.
So I hear that Nixon dear's
Gonaa socialize my trade.
Hey, you had it made but look again
Hey, now you can work, but never spend.

THOUGHTS OF VIOLENCE
to the tune of
SOUNDS OF SILENCE

Hello, Gomer my old friend
I've come to see you once again
Because my bell boy loudly beeping
Has once again kept me from sleeping
And the nurse says you've eaten your IV
So she calls me
Provoking thoughts of violence

This morning as you took your bath
You pulled out your foley cath
As I attempted to reanchor
For urination you did hanker
And your mind set your bladder sphincter free
You pissed on me
Provoking thoughts of violence

At noon your liver seized your brain
So from my lunch I did abstain
As you turned a saffron yellow
I thought of my uneaten jello
During supper from your stomach I lavaged
Some Dermassage
As I had thoughts of violence

In the few hours you let me sleep
One precious dream I fondly keep
That your hand so wildly flapping
Even now as I lay napping
Is a sign that from my service soon you'll fly
And wave good-bye
Stopping my thoughts of violence

BALLAD OF MERRIL RITTER
to the tune of
THE BALIAD OF DAVY CROCKETT

At IUPUI there is a doc
Who defibrillates hearts without a shock
Who can heal the blind and raise the dead
And do a total hip while standing on his head

On a tragic and fateful night.
He put his shoe beneath his bed, said his prayers and
finally
Planned to sleep till the dawn was bright.

It was a Code 99
Yes, a Code 99.
And Charlie awoke with a start (rather sudden)
For he had been summoned to Gomer Bay
To start up a gomer's heart

Charlie swung rather wide past the cafeteria
As he headed toward the ICU
When he got there the nurse said it was a surg'ry patient;
Charlie wasn't sure quite what to do.

It was a Code 99
Yes, a Code 99.
And Charlie awoke with a start at 1 a.m.
For he had been summoned to Gomer Bay
To start up a gomer's heart

Now all night long Charlie pounds on his thorax
Crying, "Please get the Isuprel;
Please help me restart this poor gomer's heart
And get him on the path to health."

It was a code 99
Yes, a Code 99.
And Charlie awoke with a start (and started running)
For he had been summoned to Gomer Bay
To start up a gomer's heart

Charlie kept on massaging the poor gomer's chest
Till it was a quarter past two
When into Gomer Bay burst the surgery resident,
Crying, "Who in the hell are you?"

It is a Code 99
Yes, a Code 99
And I've been doing my part (quite a lot)
For I have been summoned to Gomer Bay to start up your
Gomer's heart

Now you class of '73, don't you think it's a scandal
To spend all night in such a way
Leave heroics to heroes
Enter Radiology!
And stay away from Gomer Bay...

NIRMP Results Require a Special State of Mind

And Those Who Could Still Eat Loaded

Dr. Ritter Receives His Very Own
Humility and Tact Award



Merril, Merril Ritter
King of the orthopods
Merril, Merril Ritter
Second son of God

Before Merril came, we had an awful state
With America's worst infection rate
But he's better than all; he'll tell you so
'cause he's got yellow-striped boots and laminar flow!

Merril, Merril Ritter
Slicing in laminar flow
Merril, Merril Ritter/Never gets osteo.

One day an old lady was crossing a street
When a truck knocked her down and broke both her feet
No infection set in cause Merril did his best
But now one leg walks east and the other walks west

Merril, Merril Ritter
Surgeon without par
Merril, Merril Ritter
Doesn't even leave a scar

Now you may laugh at Merril's clothes
At his big green hood, and black exhaust hose
But Merril Ritter doesn't give a care
'cause it helps blow out some of his hot air

Merril, Merril Ritter
Tells it like it is
Merril, Merril Ritter
The right way is always his

WON'T YOU COME HOME ROY BEHNKE
to the tune of
WON'T YOU COME HOME BILL BAILEY

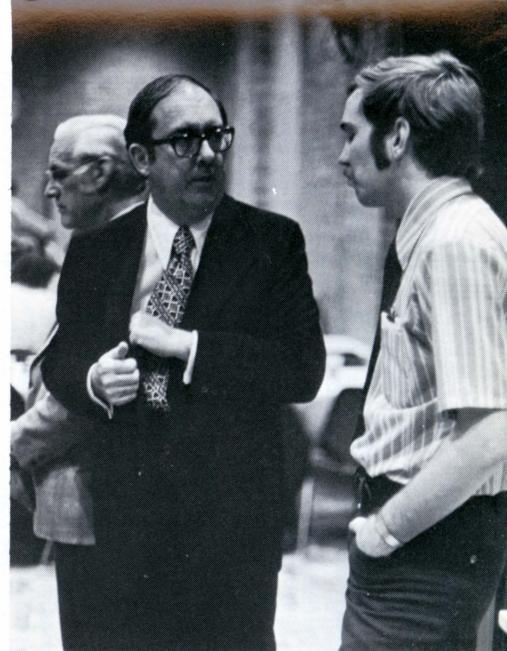
Won't you come home, Roy Behnke
Won't you come home
Glen moans the whole day long
You'll chair the whole department, you'll be top man
I know I done you wrong
Laramore's an awful speaker, puts me to sleep
Inspiring as a one pound stone
Walt Daly, I'll fire
Even George Lukemeyer
Roy Behnke, won't you please come home

We'll come to lecture (Roy Behnke, won't you please come
come home)
We'll fix your Valiant (Roy Behnke, won't you please
come home)
We'll spell your name right (Roy Behnke, won't you please
come home)
We'll take good histories (Roy Behnke, won't you please
come home)
We'll beat on bellies (Roy Behnke, won't you please come
home)
No shifting dullness (Roy Behnke, won't you please come
home)
We'll wear our white coats (Roy Behnke, won't you please
come home)
We're down on our knees, and Walters says: Please-- Roy
Behnke, won't you please come home

GOMER BAY
to the tune of
THE MTA

These are times that try men's souls. In the course of our group's history the class of '73 has rallied bravely whenever gomer's lives have been threatened. Tonight a new crisis has arisen; the Marion County Intensive Care Unit, better known as "Gomer Bay" is attempting to break your spirit by calling codes at hours best used to dream in. Classmates, hear me out; this could happen to you!

Well, let me tell you the story of a student named Charlie



Dean Irwin Is Probably Asking Gary for the Lyrics to "Won't You Come Home, Roy Behnke?"



First Choice!

With Only Two Available Telephones,
the Lines Could Get a Little Long
While One Waited to Tell the World
Where He Would Be Next Year



INTERNSHIP ASSIGNMENTS
CLASS OF 1973

Abram, Robert M.
Acher, Charles W.
Aguilar, John R.
Akin, Daniel P.
Babcock, George K.
Banning, Rosemary
Barber, Michael J.
Barnes, David M.
Barnes, Lawrence R., Jr.
Bash, David L.
Batti, James A.
Beck, Robert D.
Beesley, Richard R.
Belanger, Robert A.
Belshaw, James W.
Bevers, Mark M.
Black, Kenneth A.
Blair, Keith D.
Blakely, James P.
Bleiden, Michael A.
Bloch, Richard
Bowers, William R.
Bracken, Roberta T.
Braunstein, Michael C.
Brown, Mark S.
Bruns, Dale L.
Byers, Tim E.
Christen, Samuel E.
Clayton, David L.
Clayton, Robert T.
Colip, Charles L.
Corbett, William L.
Corson, Rodney E.
Cotton, Daniel S.
Croft, William V.
Crooke, Philip A.
Daly, Robert S.
Dascoli, Thomas S.
Deal, Michael J.
Dentino, Mariellen
Dentler, Bruce H.
DeRenne, Lawrence A.
Dittmer, Thomas E.
Doss, Lawrence R.
Drake, Fred D.
Dryden, Steven R.
Dudley, David A.
Early, James L.
Edwards, William A.
Eglen, Douglas E.
Ellison, Jon G.
Ensfield, Robert C.
Ferguson, Jeffrey H.
Finley, John M.
Fisher, Stephen E.

St. Vincent's Hospital, Indianapolis, Indiana 46207
University Hospitals, Madison, Wisconsin 53706
Memorial Medical Center, Corpus Christi, Texas 78405
Methodist Hospital, Indianapolis, Indiana 46207
University of Kentucky Medical Center, Lexington, Ky.
Methodist Hospital, Indianapolis, Indiana 46207
Methodist Hospital, Indianapolis, Indiana 46207
St. Joseph's Hospital, South Bend, Indiana
Good Samaritan Hospital, Los Angeles, California 90017
Indiana University Medical Center, Indpls., In. 46202
Memorial Hospital, South Bend, Indiana 46601
University Hospitals, Columbus, Ohio 43205
University of Michigan Affiliated Hosps., Ann Arbor, Mich.
Fort Wayne Medical Education Program, Fort Wayne, In.
Fort Wayne Medical Education Program, Fort Wayne, In.
Ball Memorial Hospital, Muncie, Indiana 47303
Methodist Hospital, Indianapolis, Indiana 46207

Barnes Hospital, St. Louis, Missouri 63110
University of Miami Affiliated Hosps., Miami, Fla
Indiana University Medical Center, Indpls., In. 46202
Ball Memorial Hospital, Muncie, Indiana 47303
Indiana University Medical Center, Indpls., In. 46202
Marion County General Hospital, Indianapolis, In. 46202
University of Colorado Affiliated Hosps., Denver, Colo.
St. Joseph's Hospital, South Bend, Indiana
Maricopa County General Hospital, Phoenix, Arizona 85008
Oakland Naval Hospital, Oakland, California
Memorial Hospital, South Bend, Indiana 46601
Methodist Hospital, Indianapolis, Indiana 46207
Indiana University Medical Center, Indpls., In. 46202
Methodist Hospital, Indianapolis, Indiana 46207
Marion County General Hospital, Indianapolis, In. 46202

Methodist Hospital, Indianapolis, Indiana 46207
Marion County General Hospital, Indpls., In. 46202
Indiana University Medical Center, Indpls., In. 46202
Memorial Hospital, South Bend, Indiana 46601
Ball Memorial, Muncie, Indiana 47303
Indiana University Medical Center, Indpls., In. 46202
Sacred Heart Medical Center, Spokane, Washington 99204
Memorial Hospital, South Bend, Indiana 46601
Akron General Hospital, Akron, Ohio 44327
University of Missouri Medical Center, Columbia, Mo.
Marion County General Hospital, Indpls., In. 46202
Indiana University Medical Center, Indpls., In. 46202
Bronson Methodist, Kalamazoo, Michigan 49006
St. Francis Hospital, Peoria, Illinois
St. Vincents Hospital, Indianapolis, Indiana 46207
Ball Memorial Hospital, Muncie, Indiana 47303
Marion County General Hospital, Indianapolis, In. 46202
Bronson Methodist Hospital, Kalamazoo, Michigan 49006
Methodist Hospital, Indianapolis, Indiana 46207
Indiana University Medical Center, Indpls., In. 46202
Methodist Hospital, Indianapolis, Indiana 46207

Foster, Richard W.
Fuson, James A.
Gamet, Douglas J.
Garrett, John M.
Gauder, John P.
Genetos, Basil C.
Gettle, David R.
Glazier, Joseph G.
Goldyn, James L.
Golper, Thomas A.
Goodman, Mason R.
Green, Ivan R.
Green, William D.
Greenberg, Bruce A.
Greenberger, Paul A.
Greene, Carlton C.
Greene, Joe S.
Greist, Mary A.
Greist, Timothy W.
Hagstrom, Garry L.
Hallal, Eli R.
Hallam, Clifford C.
Hamilton, Stanley R.
Harmon, Donald L.
Handley, Richard D.
Hansell, Charles E.
Hansen, Richard M.
Hardin, Stephen L.
Harris, Frank S.
Hayes, John R.
Heavrin, John S.
Heinrich, James M.
Helvie, Stephen J.
Henney, Jane E.
Hess, Paul J.
Heubi, James F.
Hilburn, Jeffrey W.
Hiner, John M.
Hippenstein, Gerry M.
Hirons, William T.
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Holm, Byron M.
Huddleston, P.G.
Hunt, Loren W.
Hurst, Stanley L.
Iacuone, John J.
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Karol, James B.
Kelly, Michael T.
Kiracofe, George R.
Kircher, Christopher
Kovach, Drew A.

Indiana University Medical Center, Indpls., In. 46202
Butterworth Hospital, Flint, Michigan 48502
Indiana University Medical Center, Indpls., In. 46202
Tampa General Hospital, Tampa, Florida
Indiana University Medical Center, Indpls., In. 46202
Indiana University Medical Center, Indpls., In. 46202
Methodist Hospital, Indianapolis, Indiana 46207
Memorial Hospital, South Bend, Indiana 46601
Fort Wayne Medical Education Program, Fort Wayne, I
University of Oregon Medical Hosps., Portland, Oregon
Parkland Memorial Hospital, Dallas, Texas
St. Vincent Hospital, Worcester, Massachuset 01610
Children's Hospital, Akron, Ohio 02115
Jewish Hospital, Cincinnati, Ohio 45229
Methodist Hospital, Indianapolis, In. 46202
Johns Hopkins Hospital, Baltimore, Maryland 20215
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Duke University Hospitals, Durham, North Carolina
Duke University Hospitals, Durham, North Carolina
Indiana University Medical Center, Indpls., In. 46202
St. Elizabeth's Hospital, Covington, Kentucky 41014
Indiana University Medical Center, Indpls., In. 46202
Johns Hopkins Hospital, Baltimore, Maryland 20215
Indiana University Medical Center, Indpls., Ind. 46202
Memorial Hospital, South Bend, Indiana 46601
Fort Wayne Medical Education Program, Fort Wayne, In.
Milwaukee County General Hospital, Milwaukee, Wisconsin
Fort Wayne Medical Education Program, Fort Wayne, In.
University of Florida Affiliated Hosps., Gainesville, Fla.
Mayo Graduate School of Medicine, Rochester, Minnesota
Indiana University Medical Center, Indpls., In. 46202
University of Colorado Affiliated Hosps., Denver, Colo.
St. Joseph's Hospital, Phoenix, Arizona 85013
St. Vincent's Hospital, Indianapolis, Indiana 46207

Indiana University Medical Center, Indpls., In. 46202
Grady Memorial Hospital, Atlanta, Georgia 30303
University of Colorado Affiliated Hosps., Denver, Colo.
Methodist Hospital, Indianapolis, Indiana 46207
Ball Memorial Hospital, Muncie, Indiana 47303
Ball Memorial Hospital, Muncie, Indiana 47303
Methodist Hospital, Indianapolis, Indiana 46207
Mayo Graduate School of Medicine, Rochester, Minnesota
Maricopa County General Hospital, Phoenix, Arizona 85008
Indiana University Medical Center, Indpls., In. 46202
Indiana University Medical Center, Indpls., In. 46202
Miami Valley Hospital, Dayton, Ohio 45409
St. Vincents Hospital, Indianapolis, Indiana 46207
Madigan General Hospital, (Army) Tacoma, Washington
University of California, San Francisco, California
University of Minnesota Hosps., Minneapolis, Minnesota
St. Elizabeth Hospital, Dayton, Ohio 45408
St. Joseph Hospital, Louisville, Kentucky 40217
St. Joseph's Hospital, Denver, Colorado 80218

Krueger, Gordon E.
Kubley, James D.
Kurtz, Robert S.
Lake, Marjorie E.
Landis, Frederick, III
Lane, Patsy L.
Larmore, Richard W.
Larsen, Robert E.
Linderman, Richard B.
Lomax, James D.
Lowry, Andrew B.
Lyon, William J.
MacDonald, Charles C.
Macy, Warren L.
Manning, George W.
Marchick, Nancy R.
Marquart, Clark T.
Maus, Ronald T.
McCallister, John A.
McDonald, Eugene W.
Medwell, Steven J.
Meshberger, Frank L.
Mier, James W.
Millbern, S. Michael
Miller, Glenn G.
Miller, Louise A.
Miller, Marvin J.
Miner, James A.
Moore, Thomas O.
Moore, William D.
Morrell, Douglas W.
Morris, Steve O.
Mosby, James R., Jr.
Mulford, Robert H.
Munshower, John T.
Myers, Joseph W.
Myslorski, Judith A.
Nahmias, Harvan
Nunn, Howard S.
Owen, Hugh T.
Parker, Charles L.
Patterson, Carol
Pennington, Kenneth L.
Perez, John M.
Perkowski, David J.
Petit, James M.
Petrin, Thomas J.
Phillips, John F.
Phillips, Richard J. L.
Pinkerton, Cass A.
Pollock, Stephen H.
Queener, Dan R.
Ramsey, Don Edward
Ransdell, Robert W.
Rasmussen, David L.
Rath, Roger

Spartanburg General Hospital, Columbia, S. Carolina
New Hanover Memorial, Wilmington, N. Carolina 28401
St. Vincent's Hospital, Indianapolis, Indiana 46207
Indiana University Medical Center, Indpls., In. 46202
Indiana University Medical Center, Indpls., In. 46202
Indiana University Medical Center, Indpls., In. 46202
Mercy Hospital, San Diego, California 92103
Indiana University Medical Center, Indpls., In. 46202
Marion Co. General Hospital, Indianapolis, Ind. 46202
Memorial Hospital, South Bend, Indiana 46601
St. Marys Hospital, Evansville, Indiana
Strong Memorial Hospital, Rochester, New York 14642
University of Michigan Affiliated Hosps. Ann Arbor, Mich.
Marion County General Hospital, Indianapolis, In. 46202
St. Mary's Hospital, Evansville, Indiana 47715
University of Texas Medical Branch, Galveston, Texas
St. Anthony Hospital, Denver, Colorado 80204
St. Vincent's Hospital, Indianapolis, Indiana 46207
St. Joseph's Hospital, Phoenix, Arizona 85013
Memorial Hospital, South Bend, Indiana 46601
Swedish Hospital, Seattle, Washington 98104
Indiana University Medical Center, Indpls., In. 46202
Grady Memorial Hospital, Atlanta, Georgia 30303
U.S. Navy, San Diego, California
University of Southern California Medical Ctr., L.A. Ca.
Lincoln Hospital, Bronx, New York, 10454
LaRue Carter Hospital, Indianapolis, Indiana 46202
University Hospital, Jacksonville, Florida 32203
Methodist Hospital, Indianapolis, Indiana 46207
Butterworth Hospital, Flint, Michigan 48502
Madigan General Hospital (Army), Tacoma, Washington
Edward W. Sparrow Hospital, Lansing, Michigan 48902
University of Colorado Affiliated Hosps., Denver, Colo.
Ball Memorial Hospital, Muncie, Indiana 47303
St. Josephs Hospital, Denver, Colorado 80218
Wilford Hall, Lackland Air Force Base, San Antonio, Tex.
Strong Memorial Hospital, Rochester, New York 14642
Buffalo General-Meyer Memorial Hospitals, Buffalo, N.Y.
Brooke General Hospital, (Army) San Antonio, Texas
St. Mary's Hospital, Evansville, Indiana
Indiana University Medical Center, Indpls., In. 46202
Indiana University Medical Center, Indpls., In. 46202
Grady Memorial Hospital, Atlanta, Georgia 30303
Indiana University Medical Center, Indpls., In. 46202
Marion County General Hospital, Indianapolis, Ind. 46202
Barnes Hospital, Saint Louis, Missouri
Methodist Hospital, Indianapolis, Indiana 46207
Marion County General Hospital, Indianapolis, In. 46202
Waterbury Hospital, Waterbury Connecticut 06720
St. Vincent's Hospital, Indianapolis, Indiana 46207
Methodist Hospital, Indianapolis, Indiana 46207
Akron General Hospital, Akron, Ohio 44327
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University of Texas Medical Branch, Galveston, Texas

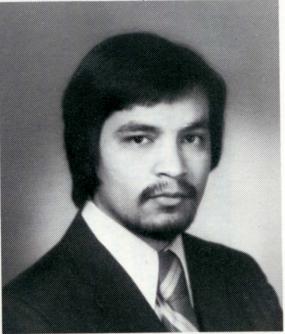
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Ray, Joanne T.
Raykovich, Timothy W.
Rehme, Christopher G.
Rendel, Jeffry C.
Ripani, Albert, Jr.
Rosenblatt, Randell L.
Sacks, Harvey N.
Sagalowsky, Arthur I.
Schapker, Alan A.
Scheurer, Susan L.
Schoen, Richard G.
Schwartz, Richard G.
Seehausen, Tim F.
Shipley, Frank E.
Shultz, Theodore G.
Skafish, Peter R.
Skinner, Phillip H.
Slack, John D.
Slama, Thomas G.
Sloan, James C.
Smith, David J.
Smith, Ernest E.
Smith, Russell R.
Snelson, David M.
Sondgerath, Cliff J.
Spear, Robert K.
Spebar, Michael J.
Spurgin, Gregory A.
Stalter, Galen S.
Steinkeler, Steven M.
Stephens, Doyle L.
Stewart, Kay L.
Stoller, Steven E.
Stonger, Tristen V.
Street, Jamie S.
Stroud, Paul
Susott, Kirk L.
Sutherland, Anne E.
Swarner, John L.
Taborn, James D.
Terrell, Mervin D.
Tielker, Richard E.
Toth, Mark E.
Trick, Thomas L.
Twenty, John D.
Voelkel, August G.
Waters, Robert N.
Webb, David M.
Webster, Monica M.
Whitaker, James W.
Winn, Donna M.
Wolfe, Randy L.
Yerks, Thomas L.
Zeckel, Michael L.

Harrisburg Polyclinic, Harrisburg, Pennsylvania 17105
Harrisburg Hospital, Harrisburg, Pennsylvania 17101
Indiana University Medical Center, Indpls., In. 46202
Methodist Hospital, Indianapolis, Indiana 46207
St. Mary's Hospital, Evansville, Indiana 47715
St. Vincent's Hospital, Indianapolis, Indiana 46207
Parkland Memorial Hospital, Dallas, Texas
University of Minnesota Hosps. Minneapolis, Minnesota
Indiana University Medical Center, Indpls., In. 46202
St. Joseph's Hospital, Phoenix, Arizona 85013
Michigan State University Affl. Hosps., E. Lansing, Mich.
Medical College of Virginia, Richmond, Virginia 23219
University of Arizona Affiliated Hosps., Tucson, Ariz.
Methodist Hospital, Indianapolis, Indiana 46207
Indiana University Medical Center, Indpls., In. 46202
Grady Memorial Hospital, Atlanta, Georgia 30303
Indiana University Medical Center, Indpls., In. 46202
Akron City Hospital, Akron, Ohio 44327
St. Vincent's Hospital, Indianapolis, Indiana 46207
Methodist Hospital, Indianapolis, Indiana 46207
Good Samaritan Hospital, Los Angeles, California 90017
Grady Memorial Hospital, Atlanta, Georgia 30303
Indiana University Medical Center, Indpls., In. 46202
Vanderbilt University Affiliated Hosps., Nashville, Tenn.
Indiana University Medical Center, Indpls., In. 46202
Memorial Hospital, South Bend, Indiana 46601
Indiana University Medical Center, Indpls., In. 46202
Brooke General Hospital (Army), San Antonio, Texas
Methodist Hospital, Indianapolis, Indiana 46207
Memorial Hospital, South Bend, Indiana 46601
St. Vincent's Hospital, Indianapolis, Indiana 46207
University of Kansas Medical Center, Kansas City, Kansas
Tallahassee Memorial Hospital, Tallahassee, Florida
Grady Memorial Hospital, Atlanta, Georgia 30303
Good Samaritan Hospital, Los Angeles, California 90017
Indiana University Medical Center, Indpls., In. 46202
St. Vincent's Hospital, Indianapolis, Indiana 46207
Methodist Hospital, Indianapolis, Indiana 46207
Methodist Hospital, Indianapolis, Indiana 46207
Indiana University Medical Center, Indpls., In. 46202
University of Michigan Affiliated Hosps., Ann Arbor, Mich.
University of Colorado Affiliated Hosps., Denver, Colo.
Fort Wayne Medical Education Program, Fort Wayne, Indiana
Medical University of South Carolina, Charleston, S.C.
Medical University of South Carolina, Charleston, S.C.
Edward W. Sparrow Hospital, Lansing, Michigan 48902
Methodist Hospital, Indianapolis, Indiana 46207
Los Angeles County U.S.C. Med. Ctr., L.A., California
Grady Memorial Hospital, Atlanta, Georgia 30303
Methodist Hospital, Indianapolis, Indiana 46207
Mayo Graduate School of Medicine, Rochester, Minnesota
University of Missouri Medical Center, Columbus, Missouri
Miami Valley Hospital, Dayton, Ohio
Ball Memorial Hospital, Muncie, Indiana 47303
Indiana University Medical Center, Indpls., In. 46202

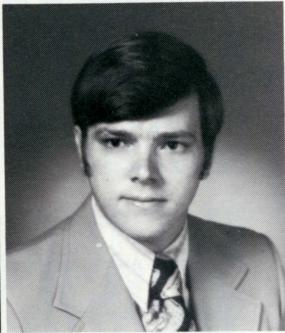
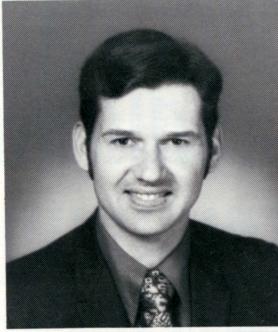
Indiana University School of Medicine

Class of 1973

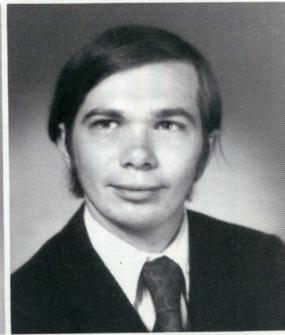
ROBERT MICHAEL ABRAM, M.D.
Bloomington, Indiana



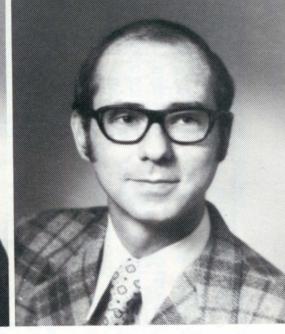
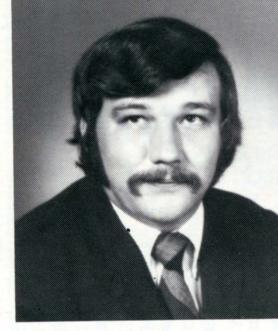
DANIEL P. AKIN, M.D.
Indianapolis, Indiana



ROSEMARY HYDE BANNING, M.D.
Griffith, Indiana



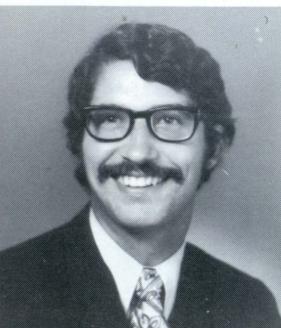
MICHAEL JAY BARBER, M.D.
Connersville, Indiana



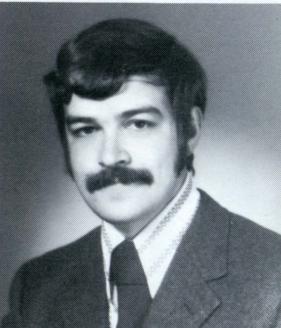
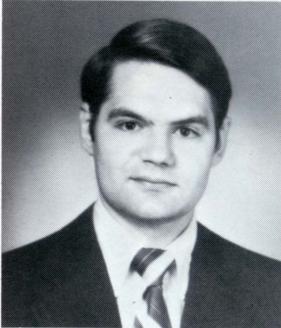
DAVID MICHAEL BARNES, M.D.
South Bend, Indiana

LAWRENCE RAY BARNES, JR., M.D.
Terre Haute, Indiana

DAVID LOWRY BASH, M.D.
Terre Haute, Indiana

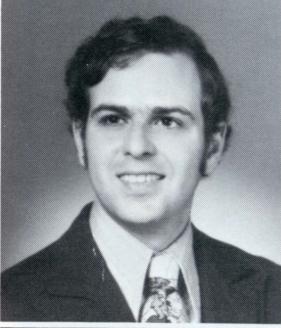


JAMES ANTHONY BATTI, M.D.
Elkhart, Indiana



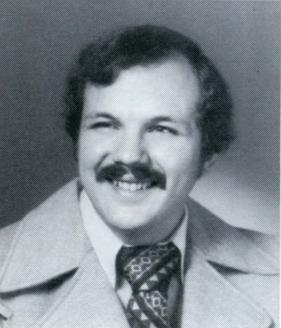
ROBERT DAVID BECK, M.D.
Indianapolis, Indiana

RICHARD ROY BEESLEY, M.D.
Westport, Indiana



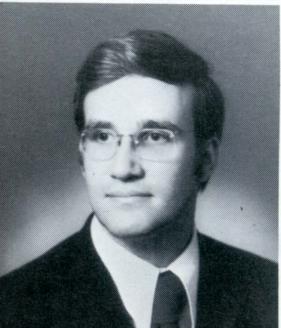
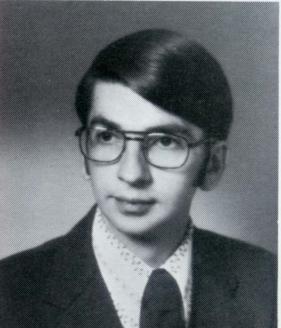
ROBERT ALLEN BELANGER, M.D.
Crown Point, Indiana

MARK M. BEVERS, M.D.
Seymour, Indiana



KENNETH ALLEN BLACK, M.D.
Hobart, Indiana

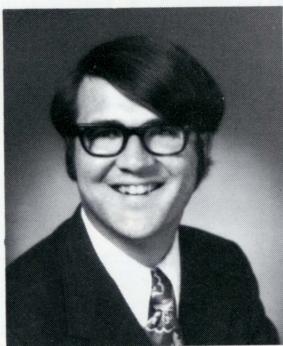
THOMAS HOUSTON BLACK, III, M.D.
Evansville, Indiana



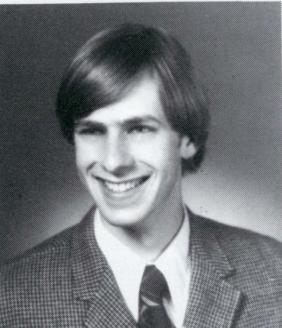
KEITH DAVID BLAIR, M.D.
Springfield, Illinois

JAMES PHILIP BLAKELY, M.D.
Northridge, California

WILLIAM R. BOWERS, M.D.
Indianapolis, Indiana

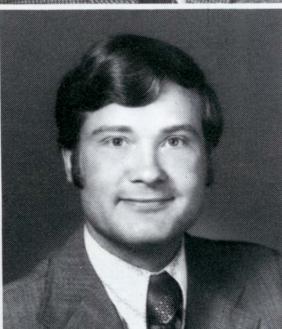
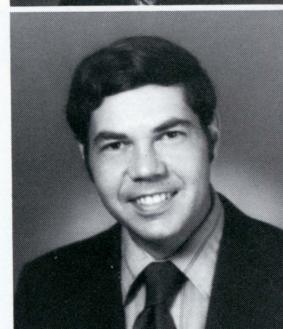


ROBERTA THERESA BRACKEN, M.D.
Elizabeth City, North Carolina



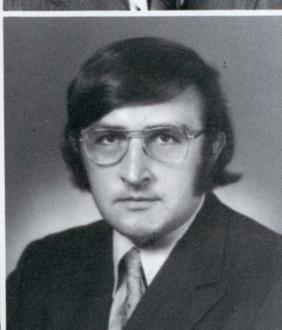
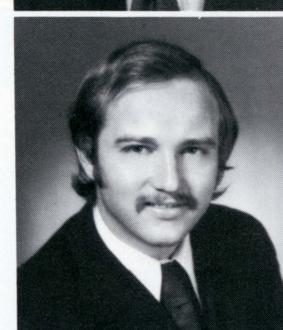
MICHAEL C. BRAUNSTEIN, M.D.
Dayton, Ohio

MARK STUART BROWN, M.D.
Terre Haute, Indiana



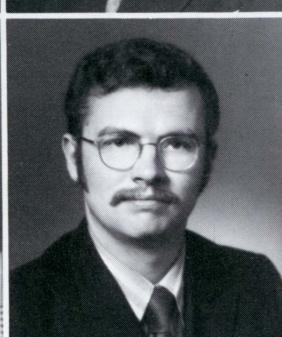
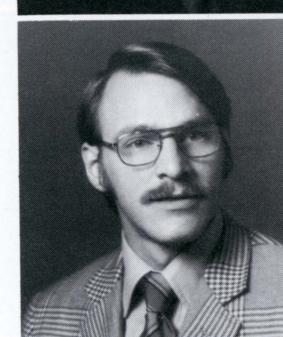
SAMUEL E. CHRISTEN, M.D.
Decatur, Indiana

DAVID LEE CLAYTON, M.D.
LaPorte, Indiana



ROBERT THOMAS CLAYTON, M.D.
Indianapolis, Indiana

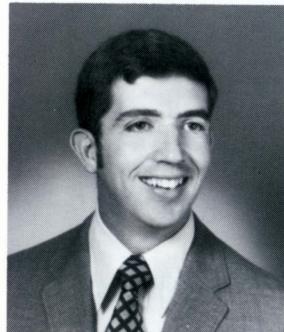
CHARLES L. COLIP, M.D.
South Bend, Indiana



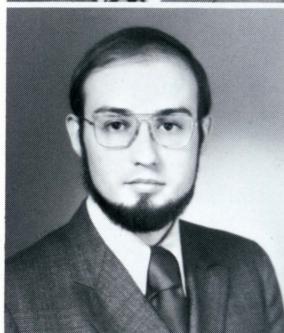
W. LARRY CORBETT, M.D.
Indianapolis, Indiana

RODNEY EUGENE CORSON, M.D.
Indianapolis, Indiana

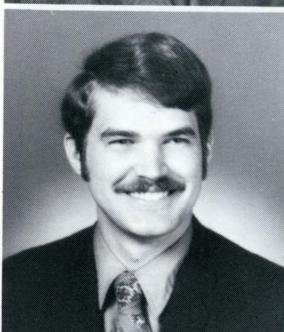
WILLIAM V. CROFT, M.D.
Clarksville, Indiana



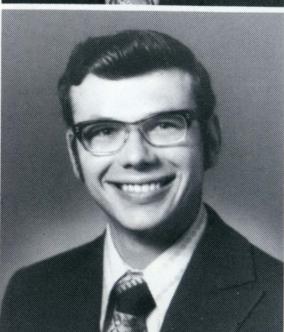
ROBERT STOKE DALY, M.D.
Indianapolis, Indiana



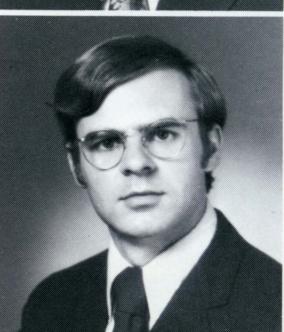
BRUCE HOWARD DENTLER, M.D.
Indianapolis, Indiana



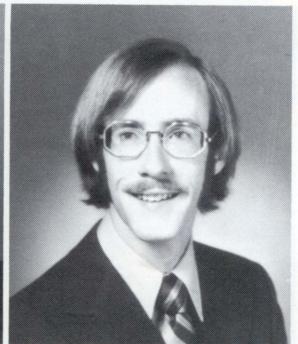
STEVEN RUSSELL DRYDEN, M.D.
Indianapolis, Indiana



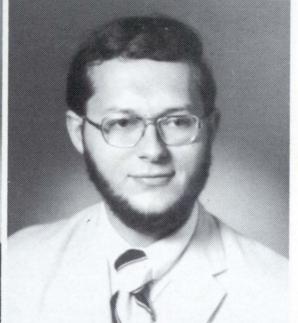
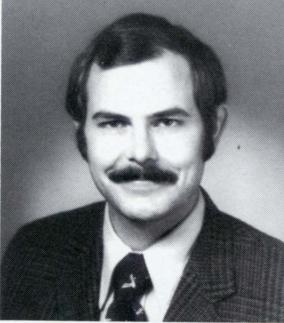
WILLIAM A. EDWARDS, M.D.
Brownsburg, Indiana



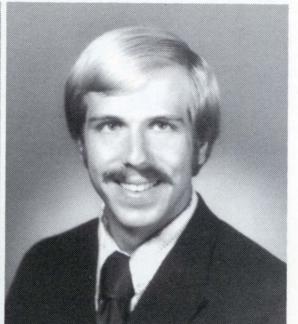
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Lebanon, Indiana



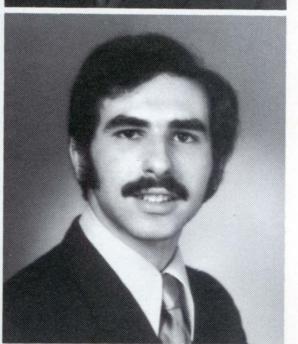
JOHN MARSTON FINLEY, M.D.
Kendallville, Indiana



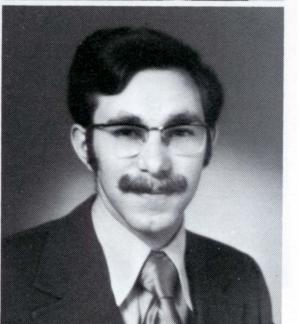
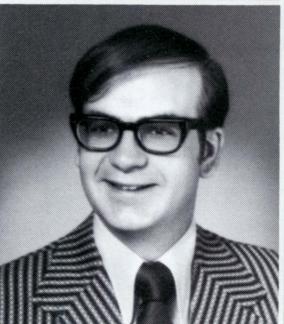
DOUGLAS JOHN GAMET, M.D.
Indianapolis, Indiana



JOHN PAUL GAUDER, M.D.
East Chicago, Indiana



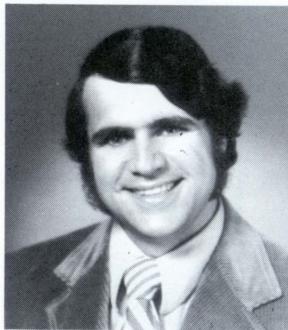
JOSEPH G. GLAZIER, M.D.
Indianapolis, Indiana



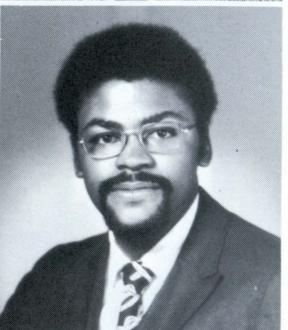
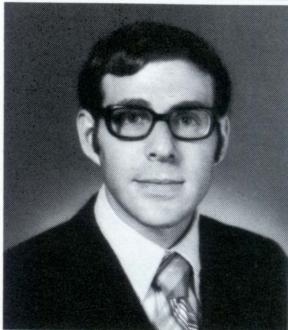
JAMES L. GOLDYN, M.D.
Munster, Indiana

THOMAS ALAN GOLPER, M.D.
Kokomo, Indiana

MASON ROSS GOODMAN, M.D.
Indianapolis, Indiana



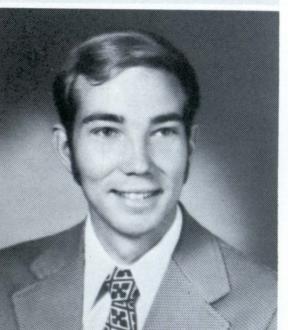
PAUL ALLEN GREENBERGER, M.D.
West Lafayette, Indiana



JOE STEPHEN GREENE, M.D.
Pineville, Louisiana



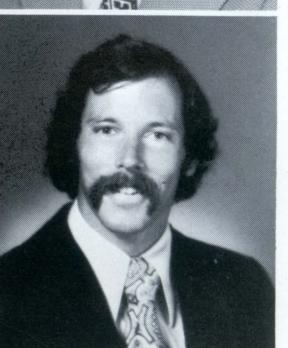
MARY ANGELA GRIEST, M.D.
Fort Wayne, Indiana



TIMOTHY WILLIAM GRIEST, M.D.
Evansville, Indiana

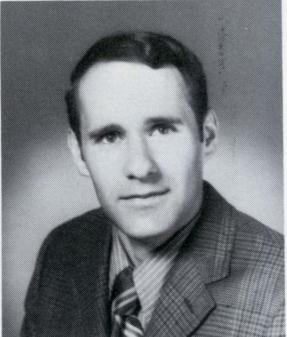
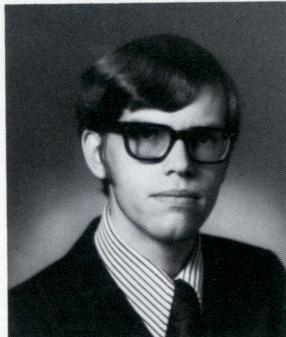
GARRY L. HAGSTROM, M.D.
Evansville, Indiana

ELI HALLAL, M.D.
Indianapolis, Indiana

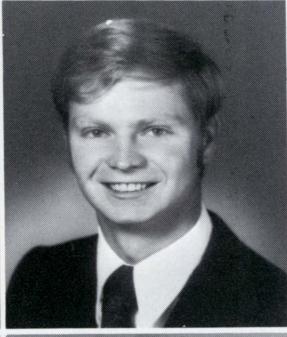
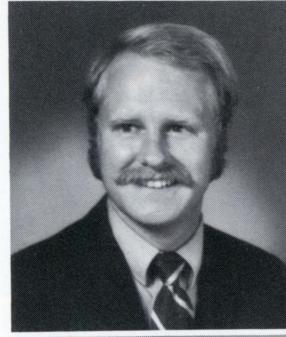


CLIFFORD CHARLES HALLAM, M.D.
Fort Wayne, Indiana

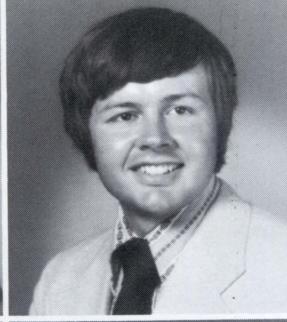
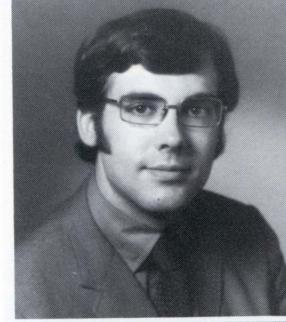
STANLEY RALPH HAMILTON, M.D.
Fort Wayne, Indiana



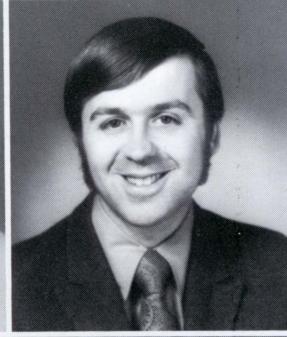
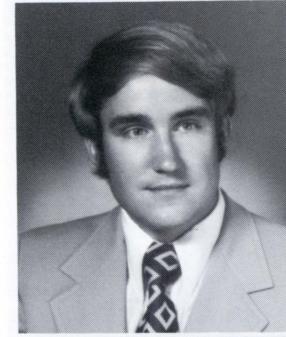
RICHARD MORRIS HANSEN, M.D.
Indianapolis, Indiana



JOHN ROBERT HAYES, M.D
Shelbyville, Indiana

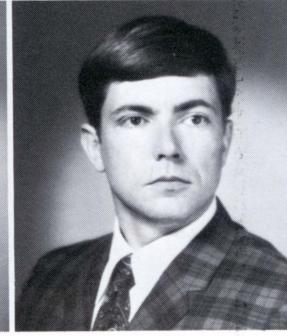
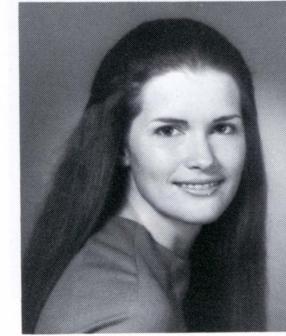


JOHN SLOAN HEAVRIN, M.D.
Indianapolis, Indiana



JAMES MANNING HEINRICH, M.D.
Evansville, Indiana

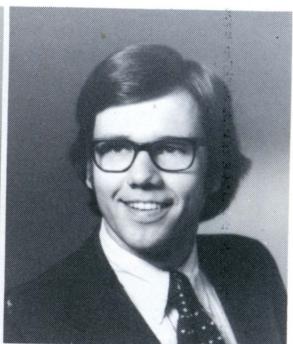
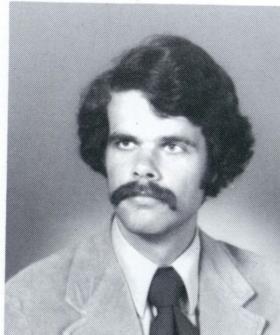
STEPHEN J. HELVIE, M.D.
Rensselaer, Indiana



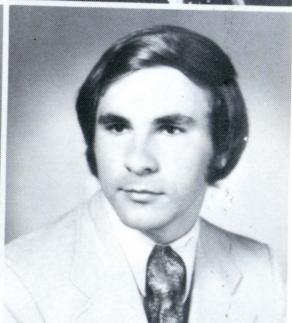
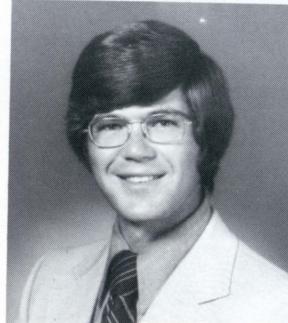
JANE ELLEN HENNEY, M.D.
Woodburn, Indiana

PAUL J. HESS, M.D.
Michigan City, Indiana

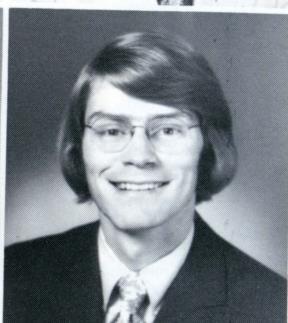
JEFFREY W. HILBURN, M.D.
Indianapolis, Indiana



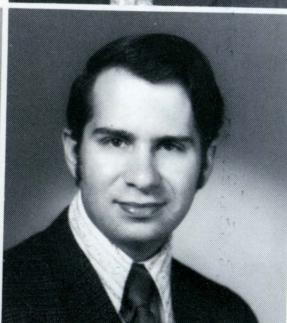
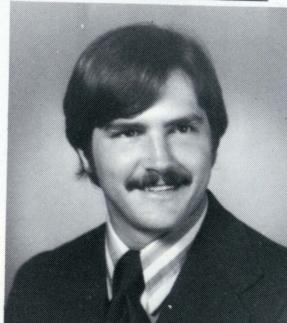
TIMOTHY W. HIRONS, M.D.
Muncie, Indiana



PATRICIA GAIL HUDDLESTON, M.D.
Muncie, Indiana

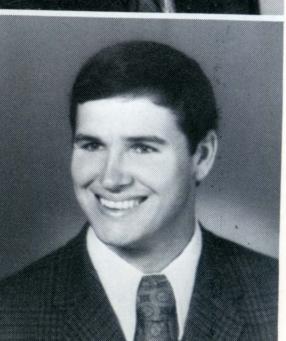
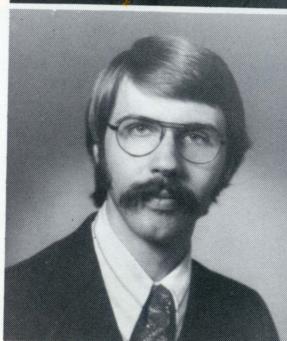


STANLEY L. HURST, M.D.
Greencastle, Indiana



JOHN JOSEPH LACUONE, M.D.
Richmond, Indiana

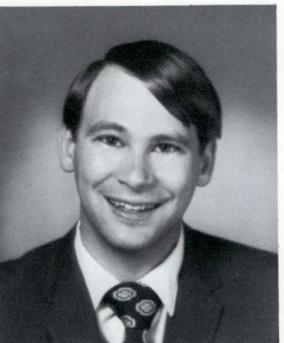
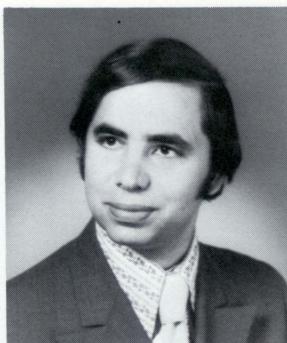
DAVID GEORGE JARRETT, M.D.
Anderson, Indiana



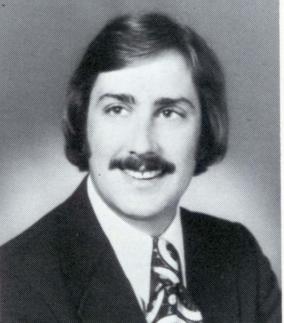
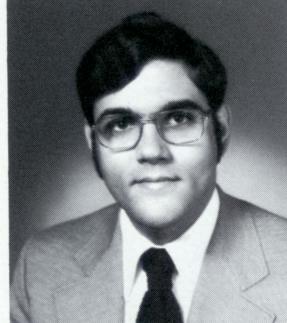
STEVEN HALL JOHNSON, M.D.
Grand Rapids, Michigan

MICHAEL JAMES JONES, M.D.
Bedford, Texas

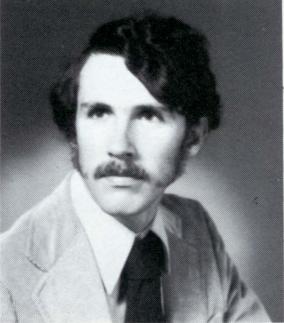
JAMES BENIS KAROL, M.D.
Fort Wayne, Indiana



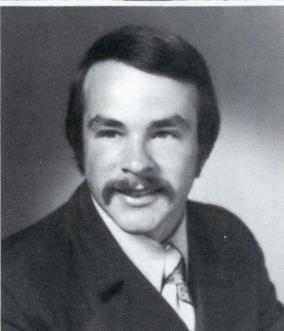
DREW A. KOVACH, M.D.
Gary, Indiana



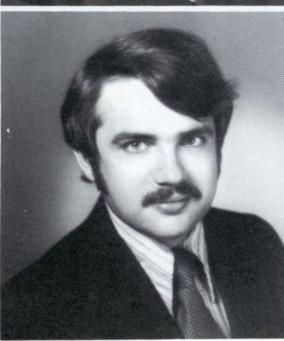
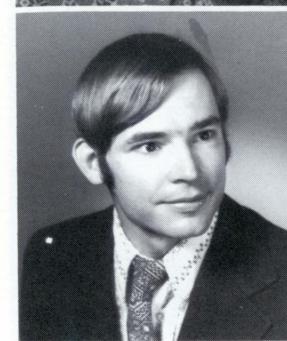
MARJORIE E. LAKE, M.D.
Russiaville, Indiana



PATSY LINN LANE, M.D.
Warsaw, Indiana



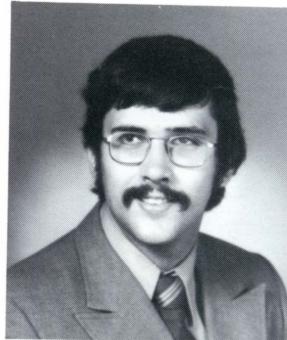
RICHARD WRIGHT LARMORE, M.D.
Anderson, Indiana



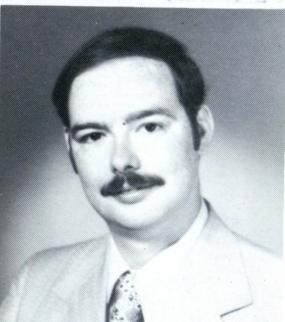
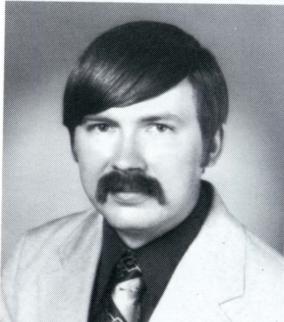
ROBERT ERIC LARSEN, M.D.
Scarsdale, New York

JAMES DOUGLAS LOMAX, M.D.
Mishawaka, Indiana

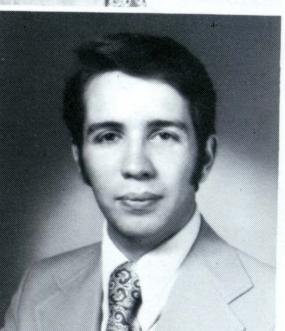
CHARLES C. MacDONALD, II, M.D.
Merrillville, Indiana



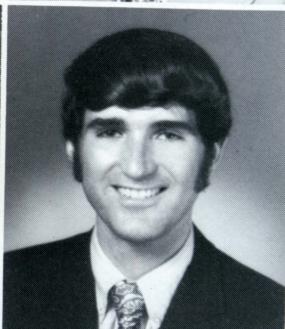
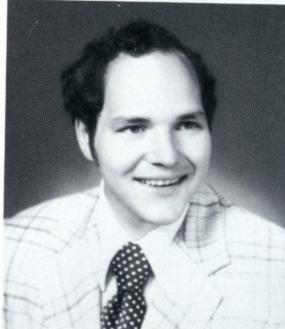
WARREN L. MACY, M.D.
Berne, Indiana



NANCY RUTH MARCHICK, M.D.
Indianapolis, Indiana

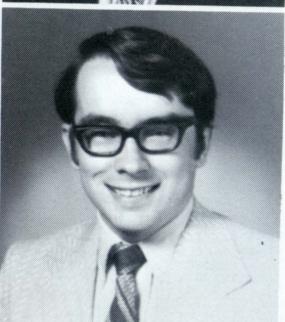


RONALD T. MAUS, M.D.
Denver, Indiana



FRANK LYNN MESHBERGER, M.D.
Columbus, Indiana

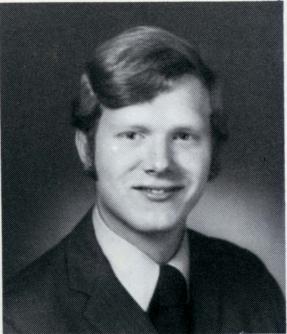
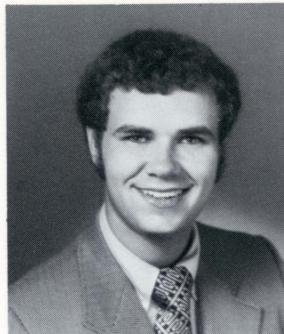
JAMES WALTER MIER, M.D.
Anderson, Indiana



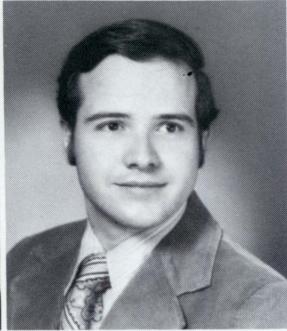
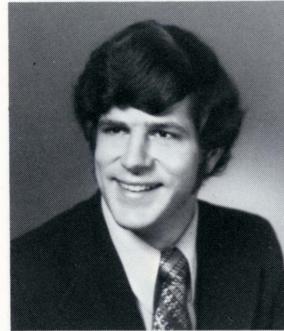
LOUISE A. MILLER, M.D.
Angola, Indiana

MARVIN J. MILLER, M.D.
Middlebury, Indiana

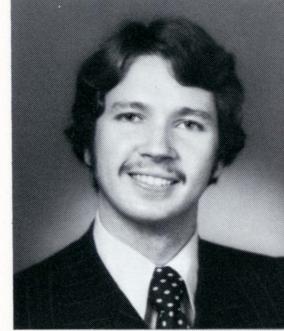
JAMES ALLEN MINER, M.D.
South Bend, Indiana



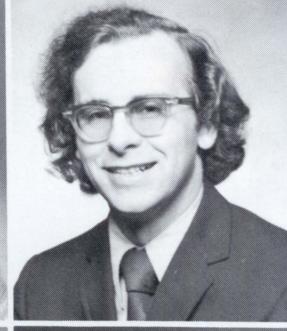
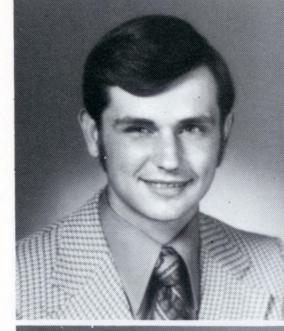
W. DAVID MOORE, M.D.
Indianapolis, Indiana



STEPHEN OWENS MORRIS, M.D.
Anderson, Indiana

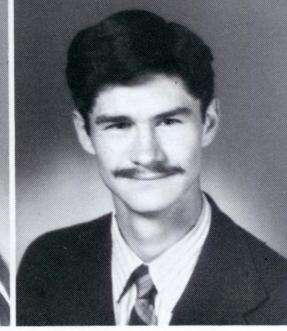


JAMES RICHARD MOSBY, JR., M.D.
Indianapolis, Indiana



ROBERT HARRY MULFORD, M.D.
Versailles, Indiana

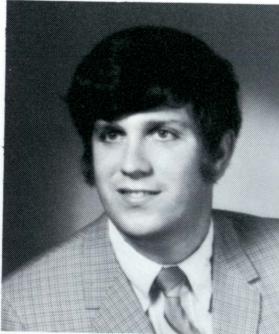
JOHN THOMAS MUNSHOWER, M.D.
Indianapolis, Indiana



JUDITH ANN MYSLIBORSKI, M.D.
Cutchogue, New York

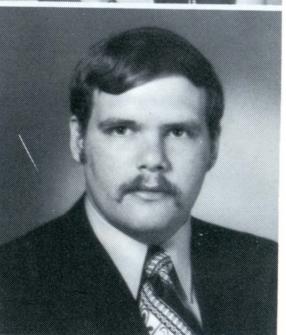
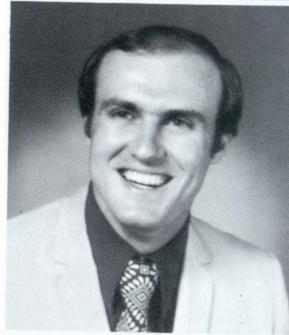
HOWARD S. NUNN, M.D.
Evansville, Indiana

HUGH T. OWEN, M.D.
Nashville, Indiana



CAROL ANN PATTERSON, M.D.
Indianapolis, Indiana

KENNETH LEE PENNINGTON, M.D.
Frankfort, Indiana



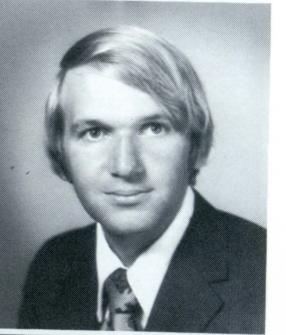
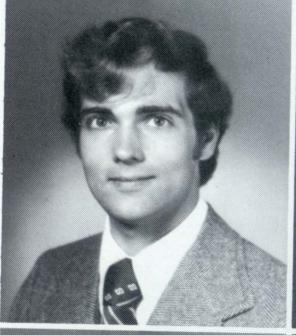
JOHN MICHAEL PEREZ, M.D.
West Lafayette, Indiana

JAMES MICHAEL PETIE, M.D.
Terre Haute, Indiana



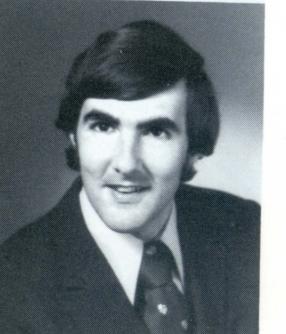
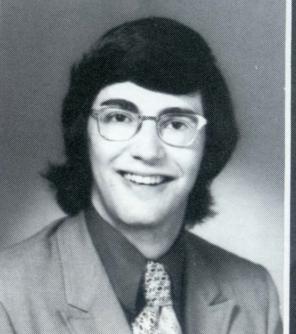
THOMAS JOHN PETRIN, M.D.
Butte, Montana

JOHN FRANCIS PHILLIPS, JR., M.D.
Brownsburg, Indiana



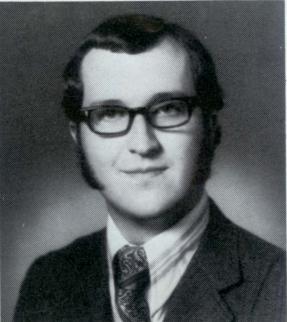
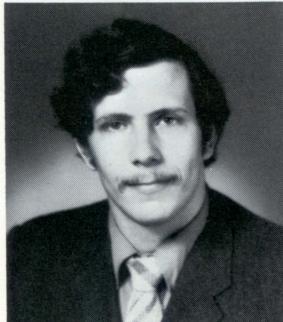
RICHARD JAMES LEE PHILLIPS, M.D.
Defiance, Ohio

CASS A. PINKERTON, M.D.
Hammond, Indiana

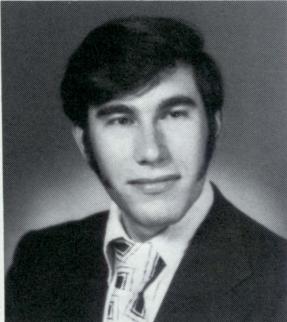
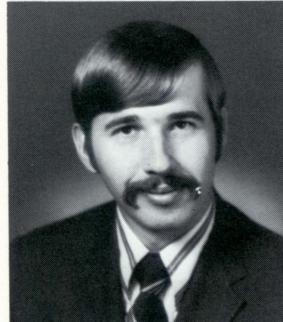


STEPHEN H. POLLOM, M.D.
Brazil, Indiana

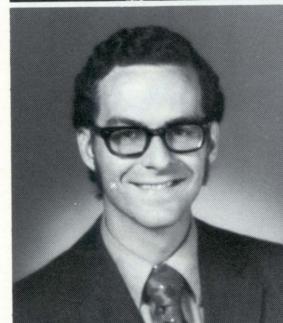
DON EDWARD RAMSEY, M.D.
South Bend, Indiana



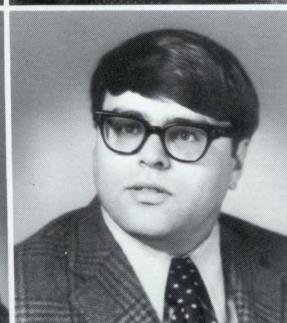
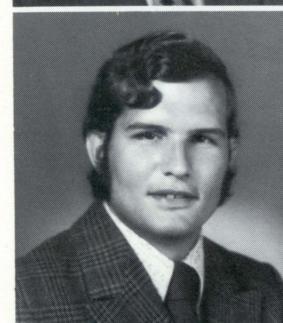
DAVID LOUIS RASMUSSEN, M.D.
Hammond, Indiana



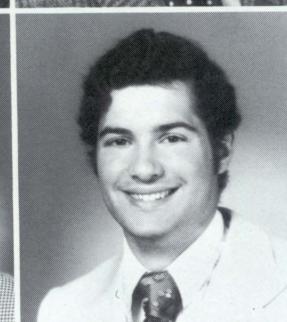
ALAN S. RAY, M.D.
Richmond, Indiana



JOANNE TRIXLER RAY, M.D.
Huntington, Indiana



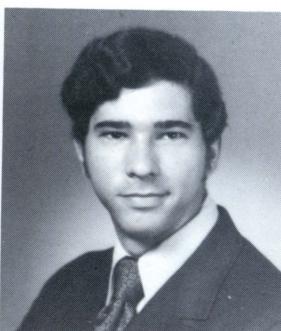
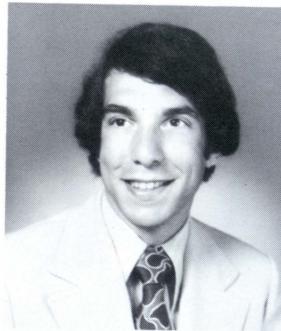
CHRISTOPHER GAVIN REHME, M.D.
Shelbyville, Indiana



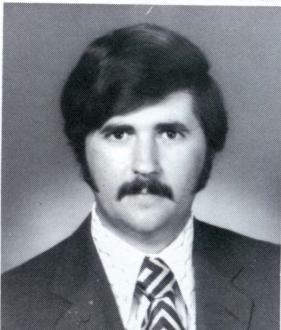
ALBERT RIPANI, JR., M.D.
Newburgh, Indiana

RANDELL LEE ROSENBLATT, M.D.
Evansville, Indiana

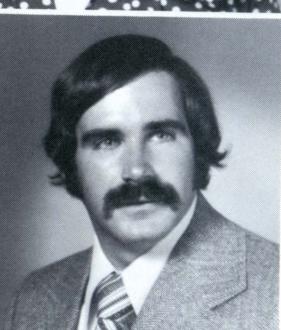
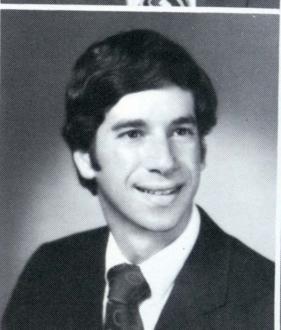
HARVEY NORTON SACKS, M.D.
Indianapolis, Indiana



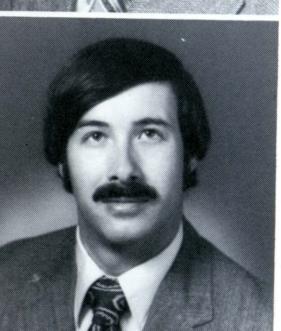
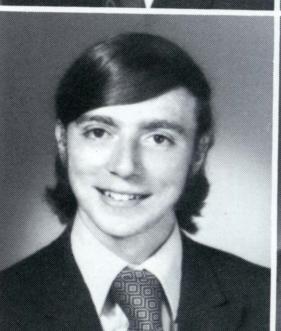
ALAN A. SCHAPKER, M.D.
Evansville, Indiana



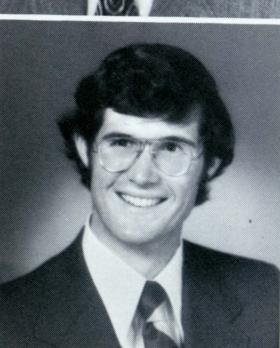
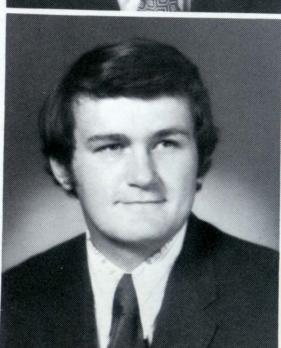
RICHARD GARY SCHWARTZ, M.D.
South Orange, New Jersey



FRANK EDWARD SHIPLEY, M.D.
Clayton, Indiana



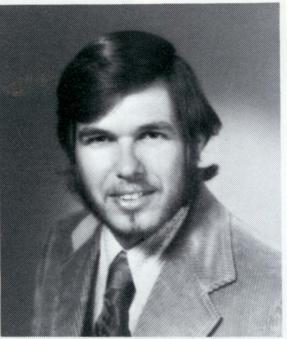
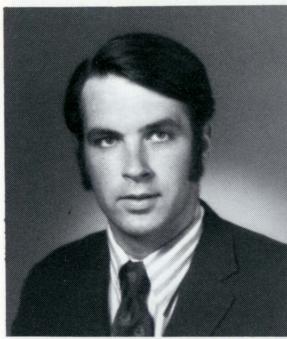
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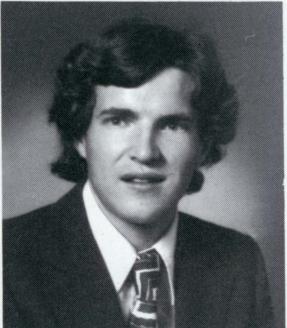
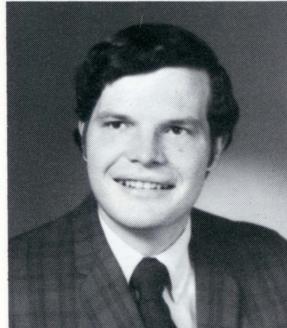
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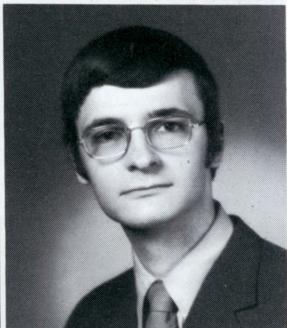
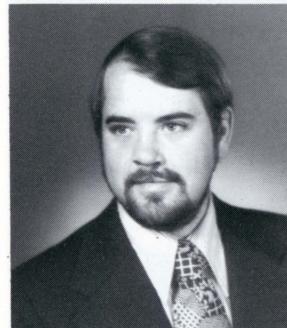
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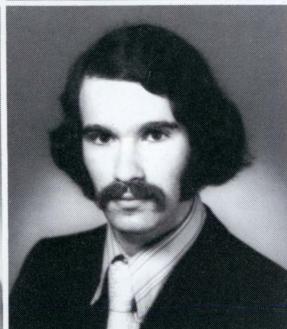
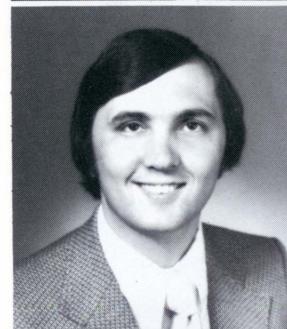
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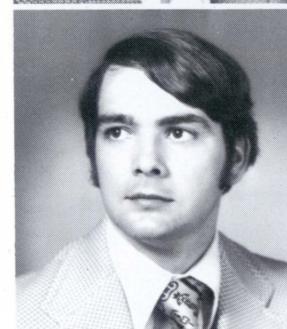
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Evansville, Indiana



GREGORY ALLAN SPURGIN, M.D.
Speedway, Indiana

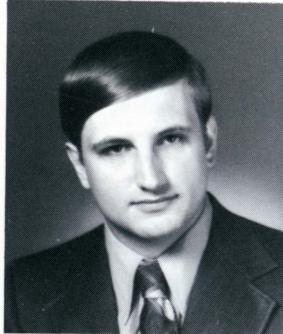


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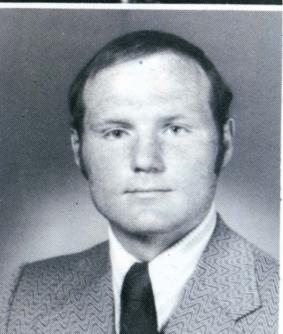


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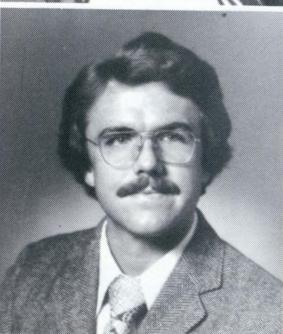
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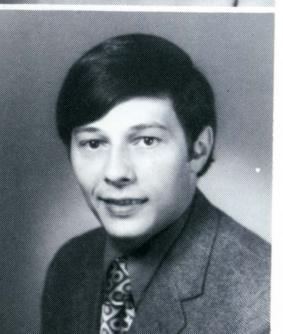
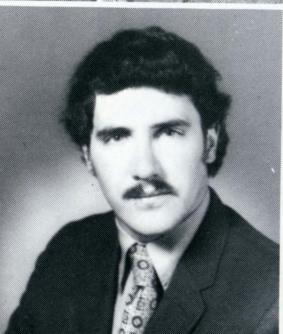
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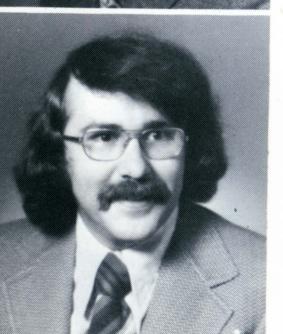
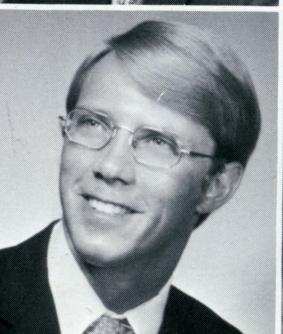


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JOHN LESTER SWARNER, JR., M.D.
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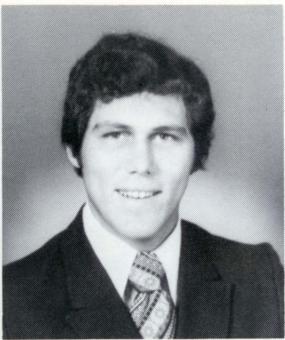
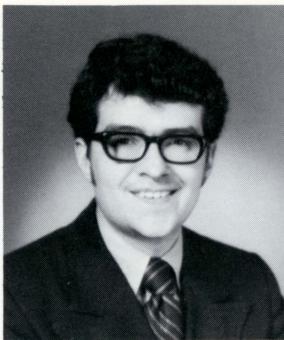
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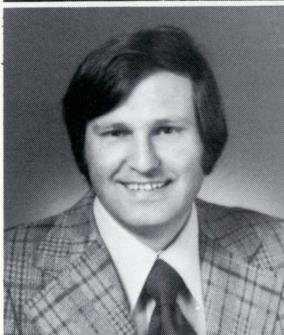
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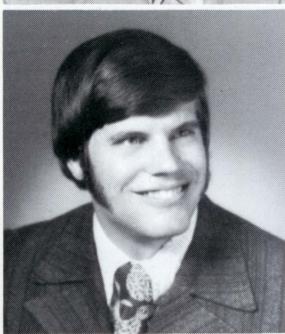
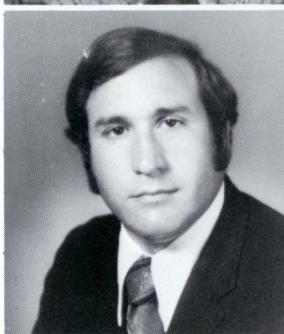


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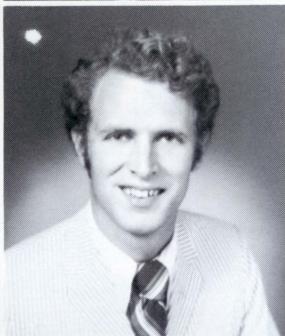
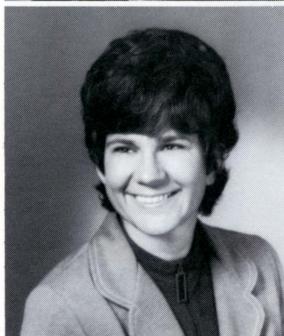
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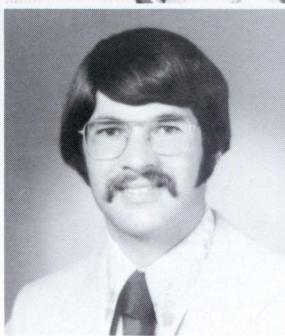
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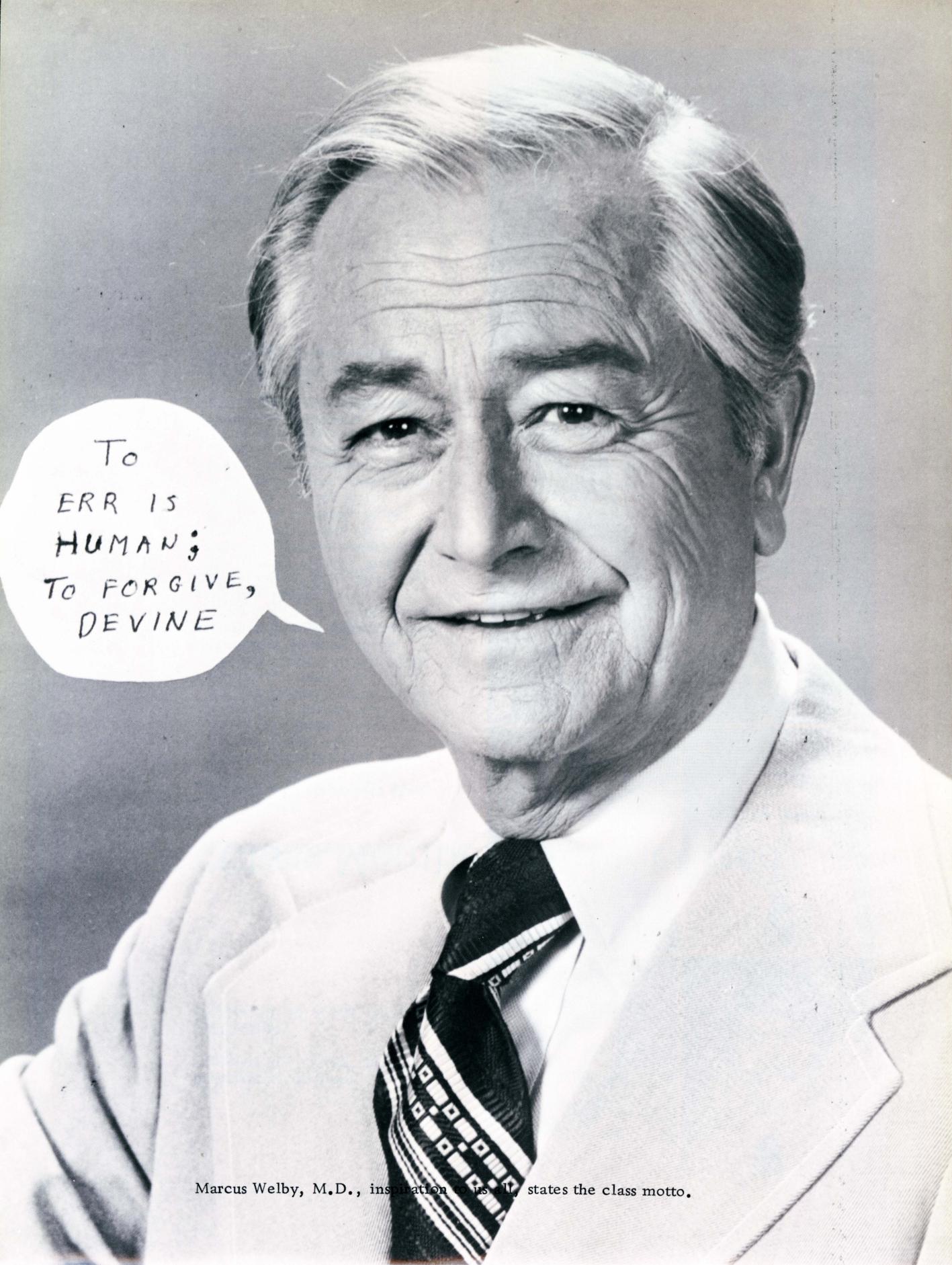
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Marcus Welby, M.D., inspiration to us all, states the class motto.

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Special thanks is due to William Wright, Josten's/American Yearbook Representative, for services above and beyond the call of duty. We could not have begun, let alone finished without his help.

Thank you for bearing with us through the preceeding pages. We hope that you have found them amusing (in the appropriate places, that is). If you have, that makes our effort all worthwhile. Condensing four years' experience into these few pages has obviously forced us to omit many items which deserved mention. However, we have attempted to provide a series of pegs on which you can hang your own experiences and memories to refer to in the approaching years.

Good Luck,
Dale Terrell



So Teach Us To Number
Our Days,
So That We May Apply
Our Hearts unto Wisdom.

